

Jeff P. Prostok  
State Bar No. 16352500  
Lynda L. Lankford  
State Bar No. 11935020  
Emily S. Chou  
State Bar No. 24006997  
Dylan T.F. Ross  
State Bar No. 24104435  
FORSHEY & PROSTOK, L.L.P.  
777 Main Street, Suite 1550  
Fort Worth, Texas 76102  
Phone: (817) 877-8855  
Fax: (817) 877-4151  
[jprostok@forsheyprostok.com](mailto:jprostok@forsheyprostok.com)  
[llankford@forsheyprostok.com](mailto:llankford@forsheyprostok.com)  
[echou@forsheyprostok.com](mailto:echou@forsheyprostok.com)  
[dross@forsheyprostok.com](mailto:dross@forsheyprostok.com)

PROPOSED ATTORNEYS FOR DEBTOR  
AND DEBTOR IN POSSESSION

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
FORT WORTH DIVISION**

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In re:	§	Chapter 11
LION STAR NACOGDOCHES HOSPITAL, LLC d/b/a NACOGDOCHES MEMORIAL HOSPITAL,	§§§§§	Case No. 23-43535-MXM-11
Debtor.	§§§§§	

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**GLOBAL NOTES REGARDING DEBTOR'S SCHEDULES**

**These Global Notes (the “Global Notes”) regarding the Schedules of Lion Star Nacogdoches Hospital, LLC, d/b/a Nacogdoches Memorial Hospital (the “Debtor”) comprise an integral part of the Schedules of Assets and Liabilities and should be referred to and considered in connection with any review of them.**

The Debtor's Schedules of assets, liabilities, executory contracts and unexpired leases, and co-debtors (collectively, the “Schedules”) have been prepared pursuant to section 521 of title 11 of the United States Code, U.S.C. §§ 101, et seq. (the “Bankruptcy Code”), and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the “Bankruptcy Rules”) by personnel of the Debtor with the assistance of its advisors. The Global Notes pertain to all of the Schedules. The Schedules are unaudited.

The financial affairs and business of the Debtor are complex. While the Debtor's management has made reasonable efforts to ensure that the Schedules are accurate and complete based on information that was available to them at the time of preparation, the subsequent receipt or discovery of information and/or further review and analysis of the Debtor's books and records may result in material changes to financial data and other information contained in the Schedules. Moreover, because the Schedules contain unaudited information, which is subject to further review and potential adjustment, there can be no assurance that the Schedules are complete and accurate. Furthermore, nothing contained in the Schedules shall constitute a waiver of the Debtor's rights or an admission with respect to this chapter 11 case, including, without limitation, any issues involving equitable subordination and/or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code and other relevant applicable laws to recover assets or avoid transfers.

**Agreements Subject to Confidentiality.** There may be instances within the Schedules where names, addresses or amounts have been left blank. Due to the nature of an agreement between the Debtor and the third party, concerns of confidentiality or concerns for the privacy of an individual, the Debtor may have deemed it appropriate and necessary to avoid listing such names, addresses and amounts.

**Amendment.** While reasonable efforts were made to file complete and accurate Schedules, inadvertent errors or omissions may exist. The Debtor reserves all rights to amend and/or supplement its Schedules as is necessary and appropriate.

**Basis of Presentation.** While the Schedules, at times, incorporate information prepared in accordance with generally accepted accounting principles (“GAAP”), the Schedules do not purport to represent financial information prepared in accordance with GAAP.

**Causes of Action.** The Debtor, despite its best efforts, may not have identified or set forth all of its causes of action (filed or potential) as assets in its Schedules. The Debtor reserves all of its rights with respect to any causes of action it may have and neither these Global Notes nor the Schedules shall be deemed a waiver of any such causes of action.

**Claims Description.** Any failure to designate an amount on the Debtor's Schedules as “disputed,” “contingent” or “unliquidated” does not constitute an admission by the Debtor that such

amount is not “disputed,” “contingent” or “unliquidated.” The Debtor reserves the right to dispute any claim reflected on its Schedules on any grounds including, without limitation, amount, liability, validity, priority or classification, or to otherwise subsequently designate such claims as “disputed,” “contingent” or “unliquidated.” The Debtor reserves its rights to object to any scheduled claims.

**Current Value of Assets.** It would be prohibitively expensive, unduly burdensome and an inefficient use of resources for the Debtor to obtain current valuations of all of its assets. Accordingly, unless otherwise indicated, net book values, rather than current market valuations, of the Debtor’s interests in assets are reflected on the Schedules. For this reason, amounts ultimately realized may vary from net book value and such variance may be material. As applicable, assets that have been fully depreciated or were expensed for accounting purposes have no net book value.

**Date.** Unless otherwise indicated, the values reflected on the Schedules are as of November 17, 2023 (the “Petition Date”).

**Estimates.** The preparation of the Schedules required the Debtor to make certain estimates and assumptions that affect the reported amounts of its assets and liabilities. Actual results could differ from those estimates.

**Insiders.** Persons and entities listed as “insiders” have been included for informational purposes only and should not be construed as a legal characterization of such party as an insider and does not act as an admission of any fact, claim, right or defense and all such rights, claims and defenses are hereby expressly reserved. Further, the Debtor does not take any position with respect to (a) any person’s influence over the control of the Debtor, (b) the management responsibilities or functions of such individual, (c) the decision-making or corporate authority of such individual or (d) whether such individual could successfully argue that he or she is not an “insider” under applicable law. The Debtor presumes that persons who are not corporate officers of the Debtor are not “officers” for purposes of determining insider status, regardless of job title.

**Inventory.** Inventory, where applicable, is presented without consideration for any potential liens asserted by domestic common carriers, shippers, truckers, or similar liens.

**Liabilities Generally.** Some of the Debtor’s scheduled liabilities are unknown and/or unliquidated at this time. In such cases, the amounts may be listed as “Unknown” or “Undetermined.” As a result, the Debtor’s Schedules do not accurately reflect the aggregate amount of the Debtor’s liabilities, which may differ materially from those stated in the Schedules.

**Prepetition and Postpetition Liabilities.** The Debtor has sought to allocate liabilities between prepetition and postpetition periods based on information from research that was conducted in connection with the preparation of the Schedules. As additional information becomes available and further research is conducted, the allocation of liabilities between prepetition and postpetition periods may change.

**Schedule A/B – Real and Personal Property.** Accounts receivable amounts in Part 3 are reported at net realizable amounts due from patients, third-party payors and others that the Debtor expects to receive in exchange for providing patient care.

**Schedule D – Creditors Holding Secured Claims.** The Debtor has not included on Schedule D entities that may believe their claims are secured through setoff rights, deposits posted by or on behalf of the Debtor, or inchoate statutory lien rights. Except as otherwise agreed pursuant to a stipulation or agreed order or general order entered by the Bankruptcy Court, the Debtor reserves its right to dispute or challenge, among other things, the validity, perfection or immunity from avoidance of any lien purported to be granted or perfected in any specific asset to a creditor listed on Schedule D. Moreover, although the Debtor may have scheduled claims of various creditors as secured claims, the Debtor reserves all rights to dispute or challenge the secured nature of any such creditor's claim or the characterization of the structure of any such transaction or any document or instrument related to such creditor's claim. For instance, the inclusion of a counterparty to a lease in Schedule D is not an admission that such lease constitutes a capital lease, and the Debtor reserves all rights to contend that the referenced agreement is, instead, an operating lease. The descriptions provided in Schedule D are intended only to be a summary. Reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral and the nature, extent and priority of any liens. Nothing in the Global Notes or the Schedules shall be deemed a modification or interpretation of the terms of such agreements. The Debtor reserves the right to dispute the tax assessed value for any of the taxable assets.

**Schedule E/F – Creditors Holding Unsecured Claims.** Schedule E/F does not include claims held by employees and physicians as of the Petition Date that were paid post-petition pursuant to Court Order. Schedule E/F does not include certain deferred charges, deferred liabilities or general reserves. Such amounts may, however, be reflected on the Debtor's books and records as required in accordance with GAAP. Such accruals are general estimates of liabilities and do not represent specific claims as of the Petition Date. The claims listed in Schedule E/F arose or were incurred on various dates. In certain instances, the date on which a claim arose is an open issue of fact. While best efforts have been made, determination of each date upon which each claim in Schedule E/F was incurred or arose would be unduly burdensome and cost prohibitive and, therefore, the Debtor does not list a date for each claim listed on Schedule E/F. The Debtor reserves its rights to dispute or challenge whether creditors listed on Schedule E/F, Part 1, are entitled to priority claims.

**Schedule G – Executory Contracts and Unexpired Leases.** The business of the Debtor is complex. While reasonable efforts have been made to ensure the accuracy of Schedule G regarding executory contracts and unexpired leases, inadvertent errors, omissions or overinclusion may have occurred. The Debtor hereby reserves all of its rights to dispute the validity, status or enforceability of any contract, agreement or lease set forth on Schedule G that may have expired or may have been modified, amended and supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters and other documents, instruments, and agreements which may not be listed on Schedule G. Certain of the leases and contracts listed on Schedule G may contain certain renewal options, guarantees of payment,

options to purchase, rights of first refusal, and other miscellaneous rights. Such rights, powers, duties and obligations are not set forth on Schedule G. Certain executory agreements may not have been memorialized in writing and could be subject to dispute. In addition, the Debtor may have entered into various other types of agreements in the ordinary course of business, such as easements, right of way, subordination, non-disturbance, and attornment agreements, supplemental agreements, amendment/letter agreements, title agreements and confidentially agreements. Such documents may not be set forth on Schedule G. The Debtor reserves all of its rights to dispute or challenge the characterization of the structure or substances of any transaction, or any document or instrument. In the ordinary course of business, the Debtor may have entered into agreements, written or oral, for the provision of certain services on a month-to-month or at-will basis. Such contracts may not be included on Schedule G. The Debtor, however, reserves the right to assert that such agreements constitute executory contracts. Listing a contract, agreement or lease on Schedule G does not constitute an admission that such contract, agreement or lease is an executory contract or unexpired lease or that such contract or agreement was in effect on the Petition Date or is valid or enforceable. The Debtor reserves all rights to challenge whether any of the listed contracts, agreements, leases or other documents constitute an executory contract or unexpired lease, including if any are unexpired real property leases. The Debtor reserves all rights to contend that any of the listed leases are capital leases rather than operating leases. Any and all of the Debtor's rights, claims and causes of action with respect to the contracts and agreements listed on Schedule G are hereby reserved and preserved. Omission of a contract, agreement or lease from Schedule G does not constitute an admission that such omitted contract or agreement is not an executory contract or unexpired lease. The Debtor's rights under the Bankruptcy Code with respect to any such omitted contracts, agreements or leases are not impaired by the omission. Schedule G may be amended at any time to add any omitted contract, agreement or lease. For any executory contract or unexpired lease that purportedly may have been assigned to the Debtor, but for which there is not documentation to support the purported assignment, neither the executory contract nor unexpired lease (or related claim) has been included on the Schedules.

**Totals.** All totals that are included in the Schedules represent totals of all known amounts included in the Debtor's books and records at the time of the Petition Date. To the extent there are unknown or undetermined amounts, the actual total may be different than the listed total, at times materially.

\* \* \*

The Debtor and its agents, attorneys and financial advisors do not guarantee or warrant the accuracy, completeness, or currentness of the data that is provided herein and shall not be liable for any loss or injury arising out of or caused in whole or in part by the acts, errors or omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communication or delivering the information contained herein. While every effort has been made to provide accurate and complete information herein, inadvertent errors and omissions may exist.

**Fill in this information to identify the case**

Debtor name Lion Star Nacogdoches Hospital, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number 23-43535-mxm11  
(if known)

Check if this is an  
amended filing

**Official Form 206A/B**

**Schedule A/B: Assets -- Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.  
 Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of  
debtor's interest

2. Cash on hand

\$2,100.00

3. Checking, savings, money market, or financial brokerage accounts (*Identify all*)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. <u>Prosperity Bank Accounts Payable</u>	<u>Checking account</u>	<u>8 3 1 1</u>	<u>\$1,081.49</u>
3.2. <u>Prosperity Bank Operating Account</u>	<u>Checking account</u>	<u>8 2 8 1</u>	<u>\$0.00</u>
3.3. <u>Prosperity Bank Payroll Account</u>	<u>Checking account</u>	<u>8 3 0 3</u>	<u>\$0.00</u>
3.4. <u>Prosperity Bank Commercial Account</u>	<u>Checking account</u>	<u>8 3 3 8</u>	<u>\$0.00</u>
3.5. <u>Prosperity Bank Government Account</u>	<u>Checking account</u>	<u>8 3 4 6</u>	<u>\$0.00</u>
3.6. <u>Prosperity Bank NMPG Lockbox</u>	<u>Checking account</u>	<u>8 5 8 3</u>	<u>\$0.00</u>
3.7. <u>Prosperity Bank MERP Account</u>	<u>Checking account</u>	<u>8 6 9 9</u>	<u>\$0.00</u>
3.8. <u>Prosperity Bank LPPF Account</u>	<u>Checking account</u>	<u>8 8 1 8</u>	<u>\$0.00</u>

4. Other cash equivalents (*Identify all*)

Name of institution (bank or brokerage firm)

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$3,181.49

**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- No. Go to Part 3.  
 Yes. Fill in the information below.

7. Deposits, including security deposits and utility deposits	Current value of debtor's interest
Description, including name of holder of deposit	
7.1. <u>Retainer to ForsheyProstok, LLP</u>	<u>\$106,202.00</u>
7.2. <u>Retainer to Reed, Claymon, Meeker, Krienke and Spurck, PLLC</u>	<u>\$80,000.00</u>
7.3. <u>Retainer to Fenley &amp; Bate, LLP</u>	<u>\$80,000.00</u>
<b>8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent</b>	
Description, including name of holder of prepayment	
8.1. <u>PC Connection</u>	<u>\$1,187.39</u>
8.2. <u>Nuance Communications maintenance and support</u>	<u>\$10,296.09</u>
8.3. <u>MCN Healthcare annual license fee</u>	<u>\$7,210.03</u>
8.4. <u>TriSource annual credentialing</u>	<u>\$57,752.92</u>
8.5. <u>Garlic Media annual media contract</u>	<u>\$9,433.33</u>
8.6. <u>Network Box gateway service</u>	<u>\$21,570.36</u>
8.7. <u>TTUHSC - Health.ED continuing education services</u>	<u>\$3,921.39</u>
8.8. <u>Biomerieux contract</u>	<u>\$114.70</u>
8.9. <u>Premier Software Assoc., Inc annual subscription fee</u>	<u>\$35,641.98</u>
8.10. <u>Biomerieux BioFire Torch extended warranty</u>	<u>\$19,150.87</u>
8.11. <u>3M coding software</u>	<u>\$10,138.19</u>
8.12. <u>TASC FMLA admin and renewal fee</u>	<u>\$9,610.29</u>
8.13. <u>Pitney Bowes SendPro P Series</u>	<u>\$1,688.88</u>
8.14. <u>TASC ERISAEdge</u>	<u>\$1,733.82</u>
8.15. <u>PULSARA annual dues</u>	<u>\$15,812.50</u>
8.16. <u>eCapital Healthcare Corp. (Foley &amp; Lardner, LLP)</u>	<u>\$30,000.00</u>
8.17. <u>Tokio Marine Insurance</u>	<u>\$111,050.90</u>
8.18. <u>Travelers/Bank Direct Capital Finance</u>	<u>\$93,599.91</u>
8.19. <u>Texas Hospital Insurance Exchange</u>	<u>\$226,421.81</u>
8.20. <u>Argonaut Insurance Company</u>	<u>\$59.84</u>
8.21. <u>Bank Direct Capital Finance</u>	<u>\$187,761.04</u>
<b>9. Total of Part 2.</b>	<b><u>\$1,120,358.24</u></b>
Add lines 7 through 8. Copy the total to line 81.	

**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**

- No. Go to Part 4.  
 Yes. Fill in the information below.

Name

Current value of  
debtor's interest

**11. Accounts receivable**

11a. 90 days old or less: \$24,082,335.00 - \$18,904,478.00 = ..... → \$5,177,857.00  
face amount doubtful or uncollectible accounts

11b. Over 90 days old: \$27,762,907.00 - \$22,073,254.00 = ..... → \$5,689,653.00  
face amount doubtful or uncollectible accounts

**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$10,867,510.00

**Part 4: Investments**

**13. Does the debtor own any investments?**

- No. Go to Part 5.  
 Yes. Fill in the information below.

**14. Mutual funds or publicly traded stocks not included in Part 1**

Valuation method  
used for current value

Current value of  
debtor's interest

Name of fund or stock:

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

% of ownership:

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

\$0.00

**Part 5: Inventory, excluding agriculture assets**

**18. Does the debtor own any inventory (excluding agriculture assets)?**

- No. Go to Part 6.  
 Yes. Fill in the information below.

General description	Date of the last physical inventory MM/DD/YYYY	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>19. Raw materials</b>				

**20. Work in progress**

**21. Finished goods, including goods held for resale**

**22. Other inventory or supplies**

<b>Inventory or supplies</b>	<b>06/30/2023</b>	<b>\$979,172.00</b>	<b>Cost</b>	<b>\$1,011,864.00</b>
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**23. Total of Part 5**

Add lines 19 through 22. Copy the total to line 84.

\$1,011,864.00

**24. Is any of the property listed in Part 5 perishable?**

- No  
 Yes

**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes. Book value <u>\$137,266.00</u>	Valuation method	Cost	Current value <u>\$137,266.00</u>
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26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- No  
 Yes

#### Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?

- No. Go to Part 7.  
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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28. Crops--either planted or harvested

29. Farm animals Examples: Livestock, poultry, farm-raised fish

30. Farm machinery and equipment (Other than titled motor vehicles)

31. Farm and fishing supplies, chemicals, and feed

32. Other farming and fishing-related property not already listed in Part 6

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

**\$0.00**

34. Is the debtor a member of an agricultural cooperative?

- No  
 Yes. Is any of the debtor's property stored at the cooperative?  
 No  
 Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- No  
 Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

36. Is a depreciation schedule available for any of the property listed in Part 6?

- No  
 Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- No  
 Yes

#### Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- No. Go to Part 8.  
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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39. Office furniture

Office furniture \$345,077.00 Cost \$345,077.00

40. Office fixtures

41. Office equipment, including all computer equipment and communication systems equipment and software

Office equipment \$743,482.00 Cost \$743,482.00

Debtor Lion Star Nacogdoches Hospital, LLC  
Name \_\_\_\_\_

Case number (if known) 23-43535-mxm11

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$1,088,559.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

No  
 Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

No  
 Yes

#### Part 8: Machinery, equipment, and vehicles

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46. Does the debtor own or lease any machinery, equipment, or vehicles?

No. Go to Part 9.  
 Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. <u>2020 Lincoln Nautilus VIN X1604</u>	<u>\$31,728.71</u>	<u>NBV</u>	<u>\$31,728.71</u>
47.2. <u>2020 Chrysler Rehab Van VIN X3513</u>			<u>Unknown</u>
47.3. <u>2004 Ford F150 Maintenance VIN X5646</u>			<u>Unknown</u>
47.4. <u>2008 Ford E250 Materials Mgmt. Van VIN X3383</u>			<u>Unknown</u>
47.5. <u>2017 MOTO EZ Cart VIN X1411</u>			<u>Unknown</u>
47.6. <u>Kawasaki Utility Cart Maintenance VIN X300C</u>			<u>Unknown</u>
47.7. <u>Gator Golf Cart Maintenance VIN X7309</u>			<u>Unknown</u>
48. Watercraft, trailers, motors, and related accessories Examples: Boats trailers, motors, floating homes, personal watercraft, and fishing vessels			
49. Aircraft and accessories			
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			

Other equipment - see Addendum 1 \$2,703,110.89

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$2,734,839.60

52. Is a depreciation schedule available for any of the property listed in Part 8?

No  
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

No  
 Yes

#### Part 9: Real property

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54. Does the debtor own or lease any real property?

No. Go to Part 10.  
 Yes. Fill in the information below.

**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>55.1. Nacogdoches Memorial Hospital Building</b> <b>1204 N. Mound St.,</b> <b>Nacogdoches, TX 75961</b>	<u>Lessee</u>			<u>Unknown</u>
<b>55.2. Nacogdoches Diagnostic Center</b> <b>1023 N. Mound St., Suites A, B And H,</b> <b>Nacogdoches, TX 75961</b>	<u>Lessee</u>			<u>Unknown</u>
<b>55.3. Cecil Bomar Rehabilitation Center</b> <b>707 Woods St.,</b> <b>Nacogdoches, TX 75961</b>	<u>Lessee</u>			<u>Unknown</u>
<b>55.4. Care First Clinic – Garrison</b> <b>130 South Hwy. 59</b>				
<b>Nacogdoches, TX 75964</b>	<u>Lessee</u>			<u>Unknown</u>
<b>55.5. Accounting/Finance Building</b> <b>914 Raguet St.,</b> <b>Nacogdoches, TX 75961</b>	<u>Lessee</u>			<u>Unknown</u>
<b>55.6. Purchasing Receiving Building</b> <b>801 North St.</b> <b>Nacogdoches, TX 75961</b>	<u>Lessee</u>			<u>Unknown</u>
<b>55.7. Earl Elliott Medical Center</b> <b>1018 N. Mound St.,</b> <b>Nacogdoches, TX 75961</b>	<u>Lessee</u>			<u>Unknown</u>
<b>55.8. Coussen Building</b> <b>1002 &amp; 1004 N. Mound St.,</b> <b>Nacogdoches, TX 75961</b>	<u>Lessee</u>			<u>Unknown</u>
<b>55.9. Care First Clinic Nacogdoches</b> <b>Women's Health Clinic</b> <b>1106/1108 South St.,</b> <b>Nacogdoches, TX 75964</b>	<u>Lessee</u>			<u>Unknown</u>
<b>55.10. 3604 Lawson Parkway</b>				
<b>Nacogdoches, TX 75965</b>	<u>Lessee</u>			<u>Unknown</u>
<b>56. Total of Part 9.</b> Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.				<b>\$0.00</b>
<b>57. Is a depreciation schedule available for any of the property listed in Part 9?</b>				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
<b>58. Has any of the property listed in Part 9 been appraised by a professional within the last year?</b>				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

**Part 10: Intangibles and Intellectual Property**

59. Does the debtor have any interests in intangibles or intellectual property?

- No. Go to Part 11.  
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites <u>https://nacmen.org/</u>			<u>Unknown</u>
62. Licenses, franchises, and royalties <u>See attached Addendum 2</u>			<u>Unknown</u>
63. Customer lists, mailing lists, or other compilations <u>Patient lists</u>			<u>Unknown</u>
64. Other intangibles, or intellectual property <u>See attached Addendum 3</u>			<u>Unknown</u>
65. Goodwill			
66. Total of Part 10.			<u>\$0.00</u>

Add lines 60 through 65. Copy the total to line 89.

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- No  
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- No  
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- No  
 Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.  
 Yes. Fill in the information below.

	Current value of debtor's interest
71. Notes receivable	
Description (include name of obligor)	
72. Tax refunds and unused net operating losses (NOLs)	
Description (for example, federal, state, local)	
73. Interests in insurance policies or annuities	
<u>Professional &amp; General Liability</u> <u>Carrier: THIE</u>	<u>Unknown</u>
<u>Property</u> <u>Carrier: Travelers</u>	<u>Unknown</u>

Debtor	<u>Lion Star Nacogdoches Hospital, LLC</u>	Case number (if known)	<u>23-43535-mxm11</u>
Name			
<b>Property-Wind &amp; Hail Deductible Buy Back</b>		<b>Unknown</b>	
<b>Carrier: Underwriters at Lloyds</b>			
<b>Umbrella</b>		<b>Unknown</b>	
<b>Carrier: THIE</b>			
<b>Directors &amp; Officers/Fiduciary</b>		<b>Unknown</b>	
<b>Carrier: Berkley Healthcare</b>			
<b>Crime</b>		<b>Unknown</b>	
<b>Carrier: Berkley Healthcare</b>			
<b>Cybersecurity</b>		<b>Unknown</b>	
<b>Carrier: Toki Marine</b>			
<b>Business Auto</b>		<b>Unknown</b>	
<b>Carrier: THIE</b>			
<b>Worker's Compensation</b>		<b>Unknown</b>	
<b>Carrier: Texas Mutual</b>			
<b>Worker's Compensation Out of State</b>		<b>Unknown</b>	
<b>Carrier: Agronaut</b>			
<b>Kidnap &amp; Ransom</b>		<b>Unknown</b>	
<b>Carrier: US Specialty</b>			
<b>Storage Tank Liability</b>		<b>Unknown</b>	
<b>Carrier: Colony</b>			
<b>74. Causes of action against third parties (whether or not a lawsuit has been filed)</b>			
Claims asserted or assertable against Nacogdoches County Hospital District including as provided in case no. C2338992 pending in the 145th District Court of Nacogdoches County, Texas.			
<b>Nature of claim</b>		<b>Unknown</b>	
<b>Amount requested</b>			
Claims assertable against United Healthcare based on inappropriate underpayments under Payor Agreement.			
<b>Nature of claim</b>		<b>Unknown</b>	
<b>Amount requested</b>			
Claims assertable against Molina Healthcare based on inappropriate underpayments under Payor Agreement.			
<b>Nature of claim</b>		<b>Unknown</b>	
<b>Amount requested</b>			
<b>75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims</b>			
<b>76. Trusts, equitable or future interests in property</b>			
<b>77. Other property of any kind not already listed Examples: Season tickets, country club membership</b>			
<b>Supplemental fees</b>		\$3,391,241.00	
<b>Due from Nacogdoches County Hospital District</b>		\$1,200,000.00	
<b>78. Total of Part 11.</b>		\$4,591,241.00	
Add lines 71 through 77. Copy the total to line 90.			
<b>79. Has any of the property listed in Part 11 been appraised by a professional within the last year?</b>			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$3,181.49</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$1,120,358.24</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$10,867,510.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$1,011,864.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$1,088,559.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$2,734,839.60</u>	
88. Real property. <i>Copy line 56, Part 9.</i> →		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>+ \$4,591,241.00</u>	
91. Total. Add lines 80 through 90 for each column.	91a. <u>\$21,417,553.33</u>	91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		<u>\$21,417,553.33</u>

# Addendum 1

	Property Description	Book Value	Book Net
<u>Vendor Name</u>	<u>Description</u>	<u>1700.1713 less 1800.1811</u>	
SCG Capital	Toshiba Optima MR450W	\$ 9,122.26	
GE	Optima CT Scanner	\$ 23,525.38	
GE	696 Cardio Lab	\$ 6,464.97	
GE	MacLab	\$ 4,629.39	
ThermoFisher	Tissue Processor	\$ 30,548.28	
Philips	Arboretum Silver	\$ 142,567.81	
Stryker ProCare	Surgical Instruments	\$ 65,919.45	
Omnicell	CSM Workstation	\$ 1,350.36	
Omnicell	Additional Base Server Windows	\$ 3,579.86	
TriCor Systems	Dri Scope Aid	\$ 2,723.76	
Intuitive Surgical	DaVinci Surgical System	\$ 1,451,062.52	
MedOne	Tablo Dialysis Machines	\$ 182,160.00	
MedOne	Apinion X Cube Ultrasounds	\$ 122,833.35	
<b>Minor Moveable Equipment</b>		<b>2,046,487.39</b>	

VENDOR	DESCRIPTION	AMOUNT
BFW INC	DAYMARK HEADLIGHT SYSTEM	5,456.00
CARDINAL HEALTH	CYTOCENTRIFUGE	8,850.00
EDGE SPECIALTY	ENDSCOPE CABINET WITH SOUBLE GLASS DOORS	32,800.93
SYNERGY MEDICAL CORP	HIP AND CHEST EQUIPMENT FOR JACKSON SPINE TABLE	2,922.26
FRIENDSHIP HEARING	HEARING BOOTH FOR PHILIP MOORE	7,500.00
G&G LOCK AND SAFE	CAMERA SYSTEM UPGRADE AND INSTALL	4,223.36
3 WEST MEDICAL	VIDEO BRONCHOSCOPE LEVEL 3 REFURBISHMENT	4,995.00
NOVUS SURGICAL	CLEAR LINE LSX CUSTOM LUMBAR	30,955.00
CANON MEDICAL SYSTEMS	CT VITREA EXTEND EQUIPMENT	10,392.00
MEDLINE	SCALE/HANDRAIL BARIATRIC 1000 LB	2,172.95
MEDLINE	STERILIZER	5,792.02
MINDRAY	ACCUUTOR	11,911.20
OMNICELL	OMNICELL G5 WORKSTATION, ANESTHESIA AND OMNIRX	320,395.90
SURGIQUIP SOLUTIONS	SKYTRON SURGICAL LIGHT REPAIR	5,378.55
PRICE DAVID T MD P	UROLOGY OFFICE EQUIPMENT	60,025.00
WIPFLI	EHR IMPLEMENTATION PAYMENTS	102,763.54
SQN	XRAY EQUIPMENT BUYOUT	22,225.79
TOBIAS ASSOC	DENSITOMETER	2,650.00
HENTRY SCHEIN	ENT CABINET	5,490.00
ABBOTT	ACCUCHECK	9,724.00
<b>TOTAL</b>		<b><u>656,623.50</u></b>

## Addendum 2

	<b>License Type</b>	<b>Number</b>	<b>Issued by</b>
1.	Hospital License	100544	Texas Department of State Health Services
2.	X-Ray Registration	R48088	Texas Department of State Health Services
3.	Radioactive Material License	L01071	Texas Department of State Health Services
4.	Mammogram License	M01713	Texas Department of State Health Services
5.	Drug Enforcement Agency License	FN0917457	Drug Enforcement Agency, Department of Justice
6.	Pharmacy License	34008	Texas State Board of Pharmacy
7.	Clinical Laboratory Improvement Amendments (CLIA)	45D0052220	Centers for Medicare & Medicaid Services
a.	Addison CLIA	45D0902790	Centers for Medicare & Medicaid Services
b.	Fuller CLIA	45D2190904	Centers for Medicare & Medicaid Services
c.	Key CLIA	45D2087307	Centers for Medicare & Medicaid Services
d.	Senior Center CLIA	45D2269523	Centers for Medicare & Medicaid Services
e.	Hairston CLIA	45D0674852	Centers for Medicare & Medicaid Services
f.	Moreria CLIA	45D2185931	Centers for Medicare & Medicaid Services
g.	Schaus CLIA	45D2085423	Centers for Medicare & Medicaid Services
h.	Drake CLIA	45D2265346	Centers for Medicare & Medicaid Services

## **Addendum 3**

- (a) an exclusive license to the names, logos and symbols used by Seller in connection with the Hospital Operations, including the name “Nacogdoches Memorial Hospital,” and all telephone and facsimile numbers as currently used by Seller primarily in support of the Hospital Operations and to the extent held or used in or ancillary to the Hospital Operations and owned by Seller, other trademarks, trade names, service marks, copyrights and any applications therefor, and domain names;
- (b) a co-exclusive license, to the extent also held or used in the Seller’s ambulance operations or with respect to other Excluded Assets, to mask works, net lists, schematics, technology, know-how, trade secrets, ideas, algorithms, process, or intangible proprietary information as well as any other intellectual property material set forth on Schedule 1.05(b) and in each case pertaining to or used in connection with the Hospital Operations, whether in hard copy or other form; and
- (c) a co-exclusive license, to the extent also held or used in the Seller’s ambulance operations or with respect to other Excluded Assets, to operating and policy manuals, compliance policies, and similar files and records owned by Seller pertaining to or used in connection with the Hospital Operations, whether in hard copy or other form.

L:\JPROSTOK\Lion Star Nacogdoches Hospital, LLC #6429\Info for Schedules\Addendum 2 (#64 to Schedule AB).docx

**Fill in this information to identify the case:**

Debtor name Lion Star Nacogdoches Hospital, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number 23-43535-mxm11  
(if known)

Check if this is an  
amended filing

**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

**12/15**

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
 Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

<b>Column A</b>	<b>Column B</b>
<b>Amount of claim</b>	<b>Value of collateral that supports this claim</b>

2.1	Creditor's name <u>eCapital Healthcare Corp.</u>	Describe debtor's property that is subject to a lien <u>All assets</u>	\$4,623,350.08	\$0.00
	Creditor's mailing address <u>20807 Biscayne Blvd</u>	Describe the lien <u>Senior Secured Lien</u>		
	Suite 203			
	Aventura FL 33180	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
	Date debt was incurred	As of the petition filing date, the claim is: Check all that apply.		
	Last 4 digits of account number	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Do multiple creditors have an interest in the same property?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.			

**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**

\$5,383,067.09

**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<b>Column A</b> <b>Amount of claim</b> Do not deduct the value of collateral.	<b>Column B</b> <b>Value of collateral that supports this claim</b>
---	--

<b>2.2</b>	Creditor's name <u>Nacogdoches Tax Assessor-Collector</u>	Describe debtor's property that is subject to a lien <u>2023 Personal Property Tax</u>	\$129,619.56	\$0.00
	Creditor's mailing address <u>Nacogdoches County Court House</u>	Describe the lien <u>Statutory Tax Lien</u>		
	<u>101 W Main St., Suite 100</u>			
		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<u>Nacogdoches TX 75961</u>	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
	Creditor's email address, if known			
	Date debt was incurred	As of the petition filing date, the claim is: Check all that apply.		
	Last 4 digits of account number	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		
<b>2.3</b>	Creditor's name <u>Nacogdoches Tax Assessor-Collector</u>	Describe debtor's property that is subject to a lien <u>2023 Real Property Tax</u>	\$601,923.19	\$0.00
	Creditor's mailing address <u>Nacogdoches County Court House</u>	Describe the lien <u>Statutory Tax Lien</u>		
	<u>101 W Main St., Suite 100</u>			
		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<u>Nacogdoches TX 75961</u>	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
	Creditor's email address, if known			
	Date debt was incurred	As of the petition filing date, the claim is: Check all that apply.		
	Last 4 digits of account number	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		

**Part 1: Additional Page**

**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

2.4	Creditor's name <u>Prosperity Bank</u>	Describe debtor's property that is subject to a lien	<u>\$28,174.26</u>	<u>\$31,728.71</u>
	Creditor's mailing address <u>c/o Pope, Hardwicke, Christie, Schell, K</u>	<b>2020 Lincoln Nautilus</b>		
	<u>500 West 7th Street, Suite 600</u>	Describe the lien		
		<u>Lien on automobile</u>		
		Is the creditor an insider or related party?		
	<u>Fort Worth TX 76102</u>	<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	Creditor's email address, if known	Is anyone else liable on this claim?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred	As of the petition filing date, the claim is:		
	Last 4 digits of account number	Check all that apply.		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	Do multiple creditors have an interest in the same property?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes. Have you already specified the relative priority?			
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.			
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines			

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
<u>Foley &amp; Lardner LLP</u> <u>500 Woodward Avenue, Suite 2700,</u>  <u>Detroit</u> <u>MI</u> <u>48226-3489</u>	<u>Line 2.1</u>	_____

**Fill in this information to identify the case:**

Debtor Lion Star Nacogdoches Hospital, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number 23-43535-mxm11  
(if known)

Check if this is an  
amended filing

**Official Form 206E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.  
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
<b>2.1 Priority creditor's name and mailing address</b>	<u>Texas Comptroller</u>	<u>Unknown</u>
<u>PO Box 13528</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>
<u>Austin TX 78711</u>	<b>Basis for the claim:</b> <u>Sales Taxes</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( <u>8</u> )		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

**Amount of claim**

3.1	Nonpriority creditor's name and mailing address  <u>3 WEST CAPITAL</u> <u>24007 VENTURA BLVD</u> <u>SUITE 120</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$900.00</b>
		<b>Basis for the claim:</b> <u>Repairs &amp; Maintenance</u>	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Repairs &amp; Maintenance</b>			
3.2	Nonpriority creditor's name and mailing address  <u>3DR LABS LLC</u> <u>1941 BISHOP LANE</u> <u>SUITE 807</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,227.66</b>
		<b>Basis for the claim:</b> <u>Other Purchased Services</u>	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Other Purchased Services</b>			
3.3	Nonpriority creditor's name and mailing address  <u>3M</u> <u>PO BOX 120881</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$21,219.46</b>
		<b>Basis for the claim:</b> <u>Coding Software</u>	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Coding Software</b>			
3.4	Nonpriority creditor's name and mailing address  <u>A &amp; D HYDRAULICS</u> <u>2124 NW STALLINGS DR</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,573.81</b>
		<b>Basis for the claim:</b> <u>Repairs &amp; Maintenance</u>	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Repairs &amp; Maintenance</b>			

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.5</b>	<b>Nonpriority creditor's name and mailing address</b> <u>ABBOTT LABORATORY</u> <u>PO BOX 92679</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$8,673.12</b>
<b>Basis for the claim:</b> <u>Lab-Medical Supplies</u>		
<b>Date or dates debt was incurred</b> _____		
<b>Last 4 digits of account number</b> <u>3 7 1 1</u>		
<b>Lab-Medical Supplies</b>		
<b>3.6</b>	<b>Nonpriority creditor's name and mailing address</b> <u>ABBOTT NUTRITION</u> <u>PO BOX 92679</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$842.07</b>
<b>Basis for the claim:</b> <u>Dietary - Food Supplies</u>		
<b>Date or dates debt was incurred</b> _____		
<b>Last 4 digits of account number</b> <u>4 3 2 1</u>		
<b>Dietary - Food Supplies</b>		
<b>3.7</b>	<b>Nonpriority creditor's name and mailing address</b> <u>ABBOTT RAPID DIAGNOSTICS INFO</u> <u>PO BOX 734697 (PAYMENT)</u> <u>2000 HOLIDAY DR</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$16,144.41</b>
<b>Basis for the claim:</b> <u>Dietary-Pharmaceuticals</u>		
<b>Date or dates debt was incurred</b> _____		
<b>Last 4 digits of account number</b> <u>5 8 9 4</u>		
<b>Dietary-Pharmaceuticals</b>		
<b>3.8</b>	<b>Nonpriority creditor's name and mailing address</b> <u>ABBOTT VASCULAR</u> <u>22400 NETWORK PLACE</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$59,504.36</b>
<b>Basis for the claim:</b> <u>Cath Lab-Medical Supplies</u>		
<b>Date or dates debt was incurred</b> _____		
<b>Last 4 digits of account number</b> <u>4 0 0 8</u>		
<b>Cath Lab-Medical Supplies</b>		

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.9</b> Nonpriority creditor's name and mailing address  <u>ABC AUTO PARTS</u> <u>PO BOX 3688</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,951.56</b>
<b>Basis for the claim:</b> <u>Supplies - Auto</u>		
Date or dates debt was incurred _____ Last 4 digits of account number <u>3 0 8 9</u>		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Supplies - Auto</b>		
<b>3.10</b> Nonpriority creditor's name and mailing address  <u>ACADIAN AMBULANCE SERVICE, INC.</u> <u>PO BOX 92970</u>		
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$870.43</b>
<b>Basis for the claim:</b> <u>Patient Transportation</u>		
Date or dates debt was incurred _____ Last 4 digits of account number <u>6 0 9 1</u>		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Patient Transportation</b>		
<b>3.11</b> Nonpriority creditor's name and mailing address  <u>ACCLARENT</u> <u>16888 COLLECTION CENTER DRIVE</u>		
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$46,245.13</b>
<b>Basis for the claim:</b> <u>Supplies - Medical</u>		
Date or dates debt was incurred _____ Last 4 digits of account number <u>4 4 6 5</u>		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Supplies - Medical</b>		
<b>3.12</b> Nonpriority creditor's name and mailing address  <u>ACCUPATH DIAGNOSITC</u> <u>PO BOX 12140</u>		
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$2,471.60</b>
<b>Basis for the claim:</b> <u>Other Purchased Services</u>		
Date or dates debt was incurred _____ Last 4 digits of account number <u>1 4 1 7</u>		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Other Purchased Services</b>		

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

		Amount of claim
<b>3.13</b> Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$14,852.82</b>
<u>ACIST MEDICAL</u> <u>PO BOX 978952</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>DALLAS</u> TX <u>75397-8952</u>	Basis for the claim: <u>Supplies - Medical</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Supplies - Medical</b>		
<b>3.14</b> Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$33,297.17</b>
<u>ADVANCED MEDICAL RESOURCES</u> <u>PO BOX 731969</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>DALLAS</u> TX <u>75373</u>	Basis for the claim: <u>Other Purchased Services</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Other Purchased Services</b>		
<b>3.15</b> Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$11,095.81</b>
<u>AESCULAP IN</u> <u>PO BOX 780426</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>PHILADELPHIA</u> PA <u>19178-0426</u>	Basis for the claim: <u>Supplies - Medical</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Supplies - Medical</b>		
<b>3.16</b> Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$10,868.16</b>
<u>AGILITI SURGICAL EQUIP RPR</u> <u>6625 W 78TH STREET</u> <u>SUITE 300</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>MINNEAPOLIS</u> MN <u>55439</u>	Basis for the claim: <u>Supplies - Medical</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Supplies - Medical</b>		

**Part 2: Additional Page**

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Amount of claim

<b>3.17</b> Nonpriority creditor's name and mailing address  <u>ALL MEDICAL STAFFING</u> <u>PO BOX 823826</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$72,320.00</b>
<b>Basis for the claim:</b> <u>Professional Fees - Medical</u>		
Date or dates debt was incurred _____		
Last 4 digits of account number <u>6 0 5 7</u>		
Professional Fees - Medical		
<b>3.18</b> Nonpriority creditor's name and mailing address  <u>ALLISON ENTERPRISES, INC</u> <u>KLEEN-AIR FILTER SERVICE &amp; SALES</u> <u>P O BOX 207</u>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$17,347.01</b>
<b>Basis for the claim:</b> <u>Repairs &amp; Maintenance</u>		
Date or dates debt was incurred _____		Is the claim subject to offset?
Last 4 digits of account number <u>6 0 5 0</u>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Repairs & Maintenance		
<b>3.19</b> Nonpriority creditor's name and mailing address  <u>AMBU INC</u> <u>PO BOX 347818</u>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$981.09</b>
<b>Basis for the claim:</b> <u>Supplies - Medical</u>		
Date or dates debt was incurred _____		Is the claim subject to offset?
Last 4 digits of account number <u>1 5 4 7</u>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Supplies - Medical		
<b>3.20</b> Nonpriority creditor's name and mailing address  <u>AMERICAN MEDICAL ASSOCIATI</u> <u>75 REMITTANCE DR</u> <u>STE 1413</u>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$1,463.00</b>
<b>Basis for the claim:</b> <u>Licenses &amp; Dues</u>		
Date or dates debt was incurred _____		Is the claim subject to offset?
Last 4 digits of account number <u>1 6 5 5</u>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Licenses & Dues		

**Part 2: Additional Page**

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Amount of claim

<b>3.21</b>	<b>Nonpriority creditor's name and mailing address</b> <u>AMERICAN MESSAGING SERVICE LLC</u> <u>PO BOX 5749</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$759.55</b>
<b>CAROL STREAM</b> <u>IL</u> <u>60197-5749</u>		
<b>Basis for the claim:</b> <u>Equipment Rent/Lease</u>		
<b>Date or dates debt was incurred</b> _____		
<b>Last 4 digits of account number</b> <u>5</u> <u>4</u> <u>1</u> <u>7</u>		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Equipment Rent/Lease</b>		
<b>3.22</b>	<b>Nonpriority creditor's name and mailing address</b> <u>AMERICAN PROFICIENCY INSTITUE</u> <u>DEPT 9526</u> <u>PO BOX 30516</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$1,662.12</b>
<b>LANSING</b> <u>MI</u> <u>48909-8016</u>		
<b>Basis for the claim:</b> <u>Licenses &amp; Dues</u>		
<b>Date or dates debt was incurred</b> _____		
<b>Last 4 digits of account number</b> <u>2</u> <u>8</u> <u>6</u> <u>5</u>		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Licenses &amp; Dues</b>		
<b>3.23</b>	<b>Nonpriority creditor's name and mailing address</b> <u>AMPCARE LLC</u> <u>1120 SOUTH FREEWAY STE 111</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$501.00</b>
<b>FORT WORTH</b> <u>TX</u> <u>76104</u>		
<b>Basis for the claim:</b> <u>Supplies-Medical</u>		
<b>Date or dates debt was incurred</b> _____		
<b>Last 4 digits of account number</b> <u>5</u> <u>3</u> <u>2</u> <u>3</u>		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Supplies-Medical</b>		
<b>3.24</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Amy Huggins, DO, P.A.</u> <u>3614 N University Dr</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$6,000.00</b>
<b>Nacogdoches</b> <u>TX</u> <u>75965</u>		
<b>Basis for the claim:</b> <u>Services</u>		
<b>Date or dates debt was incurred</b> _____		
<b>Last 4 digits of account number</b> <u>      </u> <u>      </u> <u>      </u> <u>      </u>		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: Additional Page**

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Amount of claim

<b>3.25</b>	Nonpriority creditor's name and mailing address  <u>ANAZAOHEALTH CORP</u> <u>DEPT CH 18068</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,135.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Supplies - Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>Supplies - Medical</u>		
<b>3.26</b>	Nonpriority creditor's name and mailing address  <u>ANDERSON ORTHOTICS &amp; PROSTETIC</u> <u>P0 BOX 1457</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,146.65
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Supplies - Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>Supplies - Medical</u>		
<b>3.27</b>	Nonpriority creditor's name and mailing address  <u>APEX REVENUNE</u> <u>ATTN: WENDY BAZA</u> <u>1230 VENUS ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$31,766.71
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Collection Agency</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>Collection Agency</u>		
<b>3.28</b>	Nonpriority creditor's name and mailing address  <u>APPLETON MEDICAL</u> <u>118 N MAIN ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$169.92
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Supplies - Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>Supplies - Medical</u>		

**Part 2: Additional Page**

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Amount of claim

<b>3.29</b> Nonpriority creditor's name and mailing address  <u>APPLIED MEDICAL</u> <u>PO BOX 3511</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$33,912.66</b>
<b>Basis for the claim:</b> <u>Supplies- Medical</u>		
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Supplies- Medical</b>		
<b>3.30</b> Nonpriority creditor's name and mailing address  <u>APRISS HEALTH</u> <u>9901 LINN STATION ROAD</u> <u>SUITE 500</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$840.00</b>
<b>Basis for the claim:</b> <u>Other Purchased Services</u>		
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Other Purchased Services</b>		
<b>3.31</b> Nonpriority creditor's name and mailing address  <u>APRISS HEALTH</u> <u>9901 LINN STATION ROAD</u> <u>SUITE 500</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$800.00</b>
<b>Basis for the claim:</b> <u>Software- NMPG</u>		
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Software- NMPG</b>		
<b>3.32</b> Nonpriority creditor's name and mailing address  <u>ARMADILLO SIGNS</u> <u>1009 WANKAN ST</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$969.92</b>
<b>Basis for the claim:</b> <u>Repairs &amp; Maintenance</u>		
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Repairs &amp; Maintenance</b>		

**Part 2: Additional Page**

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Amount of claim

<b>3.33</b>	<b>Nonpriority creditor's name and mailing address</b> <u>ARTHREX</u> <u>PO BOX 403511</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$8,367.96</b>
<b>ATLANTA</b> <b>GA</b> <b>30384-3511</b>		
<b>Basis for the claim:</b> <u>Supplies - Medical</u>		
<b>Date or dates debt was incurred</b> _____		
<b>Last 4 digits of account number</b> <u>1 8 4 8</u>		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Supplies - Medical</b>		
<b>3.34</b>	<b>Nonpriority creditor's name and mailing address</b> <u>ASCEND CLINICAL LLC</u> <u>P O BOX 45021</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$2,424.00</b>
<b>SAN FRANCISCO</b> <b>CA</b> <b>94145</b>		
<b>Basis for the claim:</b> <u>Repairs &amp; Maintenance</u>		
<b>Date or dates debt was incurred</b> _____		
<b>Last 4 digits of account number</b> <u>6 0 4 8</u>		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Repairs &amp; Maintenance</b>		
<b>3.35</b>	<b>Nonpriority creditor's name and mailing address</b> <u>AT&amp;T</u> <u>PO Box 105414</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$260,343.45</b>
<b>Atlanta</b> <b>GA</b> <b>30348</b>		
<b>Basis for the claim:</b> <u>Telephone Provider</u>		
<b>Date or dates debt was incurred</b> _____		
<b>Last 4 digits of account number</b> <u>— — — —</u>		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>3.36</b>	<b>Nonpriority creditor's name and mailing address</b> <u>AT&amp;T MOBILITY</u> <u>PO BOX 6463</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$534.36</b>
<b>CAROL STREAM</b> <b>IL</b> <b>60197-6463</b>		
<b>Basis for the claim:</b> <u>Utilities</u>		
<b>Date or dates debt was incurred</b> _____		
<b>Last 4 digits of account number</b> <u>1 6 6 5</u>		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Utilities</b>		

**Part 2: Additional Page**

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Amount of claim

<b>3.37</b>	<b>Nonpriority creditor's name and mailing address</b> <u>ATLAS INTERNATIONAL</u> <u>2663 FREEWOOD DR</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$1,332.18</b>
<b>DALLAS</b> <b>TX</b> <b>75220</b>		
<b>Basis for the claim:</b> <u>Repairs &amp; Maintenance</u>		
<b>Date or dates debt was incurred</b> _____		
<b>Last 4 digits of account number</b> <u>5 5 0 1</u>		
<b>Repairs &amp; Maintenance</b>		
<b>3.38</b>	<b>Nonpriority creditor's name and mailing address</b> <u>ATLAS VAN LINES INC.</u> <u>PO BOX 952340</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$5,314.17</b>
<b>ST LOUIS</b> <b>MO</b> <b>63195-2340</b>		
<b>Basis for the claim:</b> <u>Repairs &amp; Maintenance</u>		
<b>Date or dates debt was incurred</b> _____		
<b>Last 4 digits of account number</b> <u>1 5 1 3</u>		
<b>Repairs &amp; Maintenance</b>		
<b>3.39</b>	<b>Nonpriority creditor's name and mailing address</b> <u>AVC GROUP INC</u> <u>PO BOX 1102</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$3,507.64</b>
<b>MANSFIELD</b> <b>TX</b> <b>76063-1102</b>		
<b>Basis for the claim:</b> <u>Supplies - Medical</u>		
<b>Date or dates debt was incurred</b> _____		
<b>Last 4 digits of account number</b> <u>1 5 9 1</u>		
<b>Supplies - Medical</b>		
<b>3.40</b>	<b>Nonpriority creditor's name and mailing address</b> <u>BANK DIRECT CAPITAL FINANCE</u> <u>150 NORTH FIELD DRIVE</u> <u>STE 190</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$99,819.73</b>
<b>LAKE FOREST</b> <b>IL</b> <b>60045</b>		
<b>Basis for the claim:</b> <u>Insurance</u>		
<b>Date or dates debt was incurred</b> _____		
<b>Last 4 digits of account number</b> <u>6 0 2 3</u>		
<b>Insurance</b>		

**Part 2: Additional Page**

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Amount of claim

<b>3.41</b> Nonpriority creditor's name and mailing address <hr/> <b>Banner State Emergency Phy PA</b> <hr/> <b>5000 Ambassador Caffery Pkwy</b> <hr/> <b>Bldg. 15, Suite A</b> <hr/>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$107,758.00</b>
<b>Lafayette</b> <b>LA</b> <b>70508</b>	<b>Basis for the claim:</b> <b>ER Physician Group</b>	
Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____		
<b>3.42</b> Nonpriority creditor's name and mailing address <hr/> <b>BAXTER HEALTHCARE</b> <hr/> <b>PO BOX 730531</b> <hr/>		
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Basis for the claim:</b> <b>Supplies - Medical</b>		
Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <b>1 0 0 8</b>		
<b>Supplies - Medical</b>		
<b>3.43</b> Nonpriority creditor's name and mailing address <hr/> <b>BEAR-ENT, LLC</b> <hr/> <b>274 LANCASTER AVE</b> <hr/> <b>SUITE 208</b> <hr/>		
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Basis for the claim:</b> <b>Supplies - Medical</b>		
Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <b>6 0 6 6</b>		
<b>Supplies - Medical</b>		
<b>3.44</b> Nonpriority creditor's name and mailing address <hr/> <b>Beckman Coulter, Inc.</b> <hr/> <b>Dept. CH 10164</b> <hr/>		
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Basis for the claim:</b> <b>Supplies/Service Equip. Contract</b>		
Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____		

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.45</b>	Nonpriority creditor's name and mailing address  <u>BECTON, DICKINSON AND CO</u> <u>21588 NETWORK PLACE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$23,617.22</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	 <u>CHICAGO</u> <u>IL</u> <u>60673-1215</u>	 Basis for the claim: <u>Supplies - Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>5</u> <u>4</u> <u>7</u> <u>4</u>		
	 <b>Supplies - Medical</b>		
<b>3.46</b>	Nonpriority creditor's name and mailing address  <u>BEEKLEY CORPORATION</u> <u>ONE PRESTIGE LANE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$720.05</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	 <u>BRISTOL</u> <u>CT</u> <u>06010</u>	 Basis for the claim: <u>Supplies - Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>1</u> <u>1</u> <u>0</u> <u>0</u>		
	 <b>Supplies - Medical</b>		
<b>3.47</b>	Nonpriority creditor's name and mailing address  <u>BEN E KEITH COMPANY</u> <u>PO BOX 2607</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$45,442.69</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	 <u>FORT WORTH</u> <u>TX</u> <u>76113</u>	 Basis for the claim: <u>Dietary - Food Supplies</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>1</u> <u>3</u> <u>1</u> <u>0</u>		
	 <b>Dietary - Food Supplies</b>		
<b>3.48</b>	Nonpriority creditor's name and mailing address  <u>BEST WATER STORE</u> <u>127 MOUND ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$40.00</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	 <u>NACOGDOCHES</u> <u>TX</u> <u>75961</u>	 Basis for the claim: <u>Dietary - Food Supplies</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>0</u> <u>0</u> <u>8</u> <u>7</u>		
	 <b>Dietary - Food Supplies</b>		

**Part 2: Additional Page**

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		Amount of claim
<b>3.49</b> Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$68,080.00</b>
<u>BHS Physicians Network, Inc</u>	<input type="checkbox"/> Contingent	
<u>203 E Main Street</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
 <u>Nacogdoches</u> TX <u>75965</u>	 Basis for the claim: <u>Services</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No	
Last 4 digits of account number	<input type="checkbox"/> Yes	
 <b>3.50</b> Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$5,068.99</b>
<u>BIMBO BAKERS USA</u>	<input type="checkbox"/> Contingent	
<u>PO BOX 846243</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
 <u>DALLAS</u> TX <u>75284-6243</u>	 Basis for the claim: <u>Dietary - Food Supplies</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No	
Last 4 digits of account number	<input type="checkbox"/> Yes	
<b>Dietary - Food Supplies</b>		
 <b>3.51</b> Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$14,194.00</b>
<u>BIO-RAD LABORATORIES INC</u>	<input type="checkbox"/> Contingent	
<u>PO BOX 849740</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
 <u>LOS ANGELES</u> CA <u>90084-9740</u>	 Basis for the claim: <u>Supplies - Medical</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No	
Last 4 digits of account number	<input type="checkbox"/> Yes	
<b>Supplies - Medical</b>		
 <b>3.52</b> Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$189,031.58</b>
<u>Biomerieux, Inc. - St. Louis</u>	<input type="checkbox"/> Contingent	
<u>PO Box 500308</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
 <u>St. Louis</u> MO <u>63150</u>	 Basis for the claim: <u>Lab Supplies</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No	
Last 4 digits of account number	<input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

<b>3.53</b>	Nonpriority creditor's name and mailing address  <u>Biotronik, Inc.</u> <u>PO Box 205421</u> <hr/> <u>Dallas</u> <u>TX</u> <u>75320</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$122,332.63</b>
Date or dates debt was incurred _____ Last 4 digits of account number _____ - _____ - _____ - _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.54</b>			
Nonpriority creditor's name and mailing address  <u>Blaise Ferraraccio, MD</u> <u>4848 NE Stallings Dr.</u> <u>Ste. 106</u> <hr/> <u>Nacogdoches</u> <u>TX</u> <u>75965</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$7,500.00</b>
Date or dates debt was incurred _____ Last 4 digits of account number _____ - _____ - _____ - _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.55</b>			
Nonpriority creditor's name and mailing address  <u>BLOCK IMAGING INTERNATIONAL</u> <u>1845 CEDAR STREET</u> <hr/> <u>HOLT</u> <u>MI</u> <u>48842</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$6,949.66</b>
Date or dates debt was incurred _____ Last 4 digits of account number <u>5</u> <u>8</u> <u>0</u> <u>3</u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Repairs & Maintenance			
<b>3.56</b>			
Nonpriority creditor's name and mailing address  <u>BOATMAN TIRE</u> <u>315 N UNIVERSITY DR</u> <hr/> <u>NACOGDOCHES</u> <u>TX</u> <u>75961</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$347.60</b>
Date or dates debt was incurred _____ Last 4 digits of account number <u>2</u> <u>6</u> <u>8</u> <u>3</u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Repairs & Maintenance			

**Part 2: Additional Page**

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Amount of claim

<b>3.57</b>	<b>Nonpriority creditor's name and mailing address</b> <u>BOSTON SCIENTIFIC-DALLAS</u> <u>PO BOX 951653</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$36,550.43</b>
<b>DALLAS TX 75395-1653</b>		
<b>Basis for the claim:</b> <u>Supplies - Medical</u>		
<b>Date or dates debt was incurred</b> _____		
<b>Last 4 digits of account number</b> <u>1 0 1 1</u>		
<b>Supplies - Medical</b>		
<b>3.58</b>	<b>Nonpriority creditor's name and mailing address</b> <u>BOUND TREE MEDICAL LLC</u> <u>23537 NETWORK PLACE</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$1,275.19</b>
<b>CHICAGO IL 60673-1235</b>		
<b>Basis for the claim:</b> <u>EMS-DISTRICT</u>		
<b>Date or dates debt was incurred</b> _____		
<b>Last 4 digits of account number</b> <u>2 8 0 4</u>		
<b>EMS-DISTRICT</b>		
<b>3.59</b>	<b>Nonpriority creditor's name and mailing address</b> <u>BRACCO DIAGNOSTICS INC</u> <u>PO BOX 978952</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$6,823.79</b>
<b>DALLAS TX 75397-8952</b>		
<b>Basis for the claim:</b> <u>Supplies- Medical</u>		
<b>Date or dates debt was incurred</b> _____		
<b>Last 4 digits of account number</b> <u>4 5 0 6</u>		
<b>Supplies- Medical</b>		
<b>3.60</b>	<b>Nonpriority creditor's name and mailing address</b> <u>BRANDEE BEST</u> <u>406 E.MAIN ST.</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$135.31</b>
<b>NACOGDOCHES TX 75961</b>		
<b>Basis for the claim:</b> <u>Marketing</u>		
<b>Date or dates debt was incurred</b> _____		
<b>Last 4 digits of account number</b> <u>5 9 6 9</u>		
<b>Marketing</b>		

**Part 2: Additional Page**

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Amount of claim

<b>3.61</b> Nonpriority creditor's name and mailing address  <u>BREG INC.</u> <u>PO BOX 849991</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$397.58</b>
<b>Basis for the claim:</b> <u>Supplies-Medical</u>		
Date or dates debt was incurred _____ Last 4 digits of account number <u>2 9 3 4</u>		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Supplies-Medical</b>		
<b>3.62</b> Nonpriority creditor's name and mailing address  <u>C R BARD INC</u> <u>PO BOX 75767</u>		
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$65,398.67</b>
<b>Basis for the claim:</b> <u>Supplies - Medical</u>		
Date or dates debt was incurred _____ Last 4 digits of account number <u>4 4 9 4</u>		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Supplies - Medical</b>		
<b>3.63</b> Nonpriority creditor's name and mailing address  <u>CAMBER SPINE TECHNOLOGIES LLC</u> <u>PO BOX 71232</u>		
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$38,766.30</b>
<b>Basis for the claim:</b> <u>Supplies - Medical</u>		
Date or dates debt was incurred _____ Last 4 digits of account number <u>5 7 0 3</u>		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Supplies - Medical</b>		
<b>3.64</b> Nonpriority creditor's name and mailing address  <u>CAMI POWERS DBA CONSULTING BY CSP</u> <u>16 SAN JEWELL DRIVE</u>		
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$2,800.00</b>
<b>Basis for the claim:</b> <u>Consulting Services</u>		
Date or dates debt was incurred _____ Last 4 digits of account number <u>6 1 0 9</u>		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Consulting Services</b>		

**Part 2: Additional Page**

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Amount of claim

<b>3.65</b>	<b>Nonpriority creditor's name and mailing address</b> <u>CAMP COUNTY AMBULANCE SERVICE CORPORATION</u> <u>122 CHURCH ST.</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$867.61</b>
<b>PITTSBURGH</b> <b>TX</b> <b>75686</b>		
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>6</u> <u>0</u> <u>8</u> <u>4</u>		
<b>Patient Transportation</b>  <b>3.66</b>		
<b>Nonpriority creditor's name and mailing address</b> <u>CANCER DIAGNOSTICS INC</u> <u>PO BOX 748545</u>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$102.89</b>
<b>ATLANTA</b> <b>GA</b> <b>30374-8545</b>		
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>5</u> <u>9</u> <u>8</u> <u>8</u>		
<b>Supplies- Medical</b>  <b>3.67</b>		
<b>Nonpriority creditor's name and mailing address</b> <u>CANON MEDICAL SYSTEMS USA</u> <u>2441 Michelle Drive</u>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$14,281.35</b>
<b>TUSTIN</b> <b>CA</b> <b>92780</b>		
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>5</u> <u>5</u> <u>0</u> <u>3</u>		
<b>Services-Radiology</b>  <b>3.68</b>		
<b>Nonpriority creditor's name and mailing address</b> <u>CARDIOVASCULAR SYSTEMS INC</u> <u>DEPT CH 19348</u>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$11,498.31</b>
<b>PALATINE</b> <b>IL</b> <b>60055-9348</b>		
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>5</u> <u>1</u> <u>6</u> <u>7</u>		
<b>Supplies - Medical</b>		

**Part 2: Additional Page**

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Amount of claim

<b>3.69</b> Nonpriority creditor's name and mailing address <u>Career Builder.com</u> <u>13047 Collections Center Dr.</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,742.56</b>
<b>Basis for the claim:</b> <u>Recruiting</u>		
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>3 7 6 1</u>		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Recruiting</b>		
<b>3.70</b> Nonpriority creditor's name and mailing address <u>CAREFUSION</u> <u>25146 NETWORK PLACE</u>		
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$66,054.89</b>
<b>Basis for the claim:</b> <u>Supplies - Medical</u>		
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>1 0 7 6</u>		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Supplies - Medical</b>		
<b>3.71</b> Nonpriority creditor's name and mailing address <u>Carney Roofing</u> <u>PO Box 630631</u>		
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$3,355.75</b>
<b>Basis for the claim:</b>		
<b>NACOGDOCHES</b> <u>TX 75963</u>		
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>1 7 3 5</u>		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>3.72</b> Nonpriority creditor's name and mailing address <u>CATILIZE HEALTH INC</u> <u>2605 NICHOLSON ROAD</u> <u>SUITE 1140</u>		
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$31,079.61</b>
<b>Basis for the claim:</b> <u>Employee Benefits</u>		
<b>SEWICKLEY</b> <u>PA 15143</u>		
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>5 9 7 7</u>		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Employee Benefits</b>		

**Part 2: Additional Page**

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Amount of claim

<b>3.73</b> Nonpriority creditor's name and mailing address <hr/> <u>CENTERPOINT ENERGY</u> <hr/> <u>PO BOX 4981</u> <hr/> <hr/> <u>HOUSTON</u> <u>TX</u> <u>77210-4981</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$5,041.69</b>
<b>Basis for the claim:</b> <u>Utilities</u>		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Utilities</b>		
<b>3.74</b> Nonpriority creditor's name and mailing address <hr/> <u>CENTURYLINK</u> <hr/> <u>PO BOX 52187</u> <hr/> <hr/> <u>PHOENIX</u> <u>AZ</u> <u>85072-2187</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$5,637.70</b>
<b>Basis for the claim:</b> <u>Utilities</u>		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Utilities</b>		
<b>3.75</b> Nonpriority creditor's name and mailing address <hr/> <u>Cerner Health Services, Inc.</u> <hr/> <u>PO Box 959156</u> <hr/> <hr/> <u>St. Louis</u> <u>MO</u> <u>63195</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,077,018.89</b>
<b>Basis for the claim:</b> <u>Electronic Health Record-Patients</u>		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>3.76</b> Nonpriority creditor's name and mailing address <hr/> <u>CHRISTOPHER IHIONKHAN, MD</u> <hr/> <u>818 N 4TH ST</u> <hr/> <hr/> <u>LONGVIEW</u> <u>TX</u> <u>75601</u>		
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$10,000.00</b>
<b>Basis for the claim:</b> <u>Physician Call / Directorships</u>		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Physician Call / Directorships</b>		

**Part 2: Additional Page**

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Amount of claim

<b>3.77</b> Nonpriority creditor's name and mailing address  <u>CIOX HEALTH</u> <u>PO BOX 409669</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$640.24</b>
<b>Basis for the claim:</b> <u>Medical Records</u>		
<b>Date or dates debt was incurred</b>		Is the claim subject to offset?
<u>ATLANTA</u> <u>GA</u> <u>30384</u>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Last 4 digits of account number</b> <u>5</u> <u>1</u> <u>3</u> <u>2</u>		
<b>Medical Records</b>		
<b>3.78</b> Nonpriority creditor's name and mailing address  <u>CITY OF GARRISON</u> <u>330 S B AVE</u>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>Basis for the claim:</b> <u>Utilities</u>
<b>Date or dates debt was incurred</b>		Is the claim subject to offset?
<u>GARRISON</u> <u>TX</u> <u>75946</u>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Last 4 digits of account number</b> <u>1</u> <u>1</u> <u>3</u> <u>5</u>		
<b>Utilities</b>		
<b>3.79</b> Nonpriority creditor's name and mailing address  <u>CITY OF NACOGDOCHES</u> <u>PO BOX 635090</u>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>Basis for the claim:</b> <u>Utilities</u>
<b>Date or dates debt was incurred</b>		Is the claim subject to offset?
<u>NACOGDOCHES</u> <u>TX</u> <u>75963-5090</u>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Last 4 digits of account number</b> <u>1</u> <u>7</u> <u>3</u> <u>7</u>		
<b>Utilities</b>		
<b>3.80</b> Nonpriority creditor's name and mailing address  <u>CLIA LABORA</u> <u>PO BOX 3056</u>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>Basis for the claim:</b> <u>Lab Licensing</u>
<b>Date or dates debt was incurred</b>		Is the claim subject to offset?
<u>PORTLAND</u> <u>OR</u> <u>97208-3056</u>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Last 4 digits of account number</b> <u>0</u> <u>3</u> <u>5</u> <u>1</u>		
<b>Lab Licensing</b>		

**Part 2: Additional Page**

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Amount of claim

<b>3.81</b> Nonpriority creditor's name and mailing address <u>Clifton Thomas, MD</u> <u>5718 W. Westheimer</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>
<b>Basis for the claim:</b> <u>Services</u>		
<b>Date or dates debt was incurred</b> _____		
<b>Last 4 digits of account number</b> _____		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>3.82</b> Nonpriority creditor's name and mailing address <u>CLINICAL MANAGEMENT CONSULTANT</u> <u>DEPT LA 25399</u>		
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$49,600.00</b>
<b>Basis for the claim:</b> <u>Consulting Services</u>		
<b>Date or dates debt was incurred</b> _____		
<b>Last 4 digits of account number</b> <u>6 0 1 9</u>		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Consulting Services</b>		
<b>3.83</b> Nonpriority creditor's name and mailing address <u>CLINICAL PATHOLOGY LABS INC</u> <u>PO BOX 141669</u>		
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$9,849.69</b>
<b>Basis for the claim:</b> <u>Lab Services - NMPG</u>		
<b>Date or dates debt was incurred</b> _____		
<b>Last 4 digits of account number</b> <u>3 7 5 9</u>		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Lab Services - NMPG</b>		
<b>3.84</b> Nonpriority creditor's name and mailing address <u>CLOUDMED SOLUTIONS LLC</u> <u>ATTN: ACCOUNTS RECEIVABLE</u> <u>P O BOX 208272</u>		
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$71,207.67</b>
<b>Basis for the claim:</b> <u>Software</u>		
<b>Date or dates debt was incurred</b> _____		
<b>Last 4 digits of account number</b> <u>5 9 0 6</u>		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Software</b>		

**Part 2: Additional Page**

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		Amount of claim
<b>3.85</b> Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$1,112.75</b>
<u>COAST SURGICAL INC</u> <u>5318 E. 2ND STREET</u> <u>SUITE 367</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>LONG BEACH</u> <u>CA</u> <u>90803</u>	Basis for the claim: <u>Supplies - Medical</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Supplies - Medical</b>		
<b>3.86</b> Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$849.54</b>
<u>COCA-COLA S</u> <u>PO BOX 744010</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>ATLANTA</u> <u>GA</u> <u>30384-4010</u>	Basis for the claim: <u>Dietary - Food Supplies</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Dietary - Food Supplies</b>		
<b>3.87</b> Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$24,040.40</b>
<u>COFFEY COMMUNICATIONS INC</u> <u>1505 BUSINESS ONE CIRCLE</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>WALLA WALLA</u> <u>WA</u> <u>99362</u>	Basis for the claim: <u>Marketing</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Marketing</b>		
<b>3.88</b> Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$1,542.00</b>
<u>COLA INC</u> <u>9881 BROKEN LAND PKWY</u> <u>STE 200</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>COLUMBIA</u> <u>MD</u> <u>21046</u>	Basis for the claim: <u>Dietary - Food Supplies</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Dietary - Food Supplies</b>		

**Part 2: Additional Page**

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Amount of claim

<b>3.89</b> Nonpriority creditor's name and mailing address <hr/> <u>COLOPLAST CORP</u> <hr/> <u>DEPT CH 19024</u> <hr/> <hr/> <u>PALATINE</u> <u>IL</u> <u>60055-9024</u> <hr/>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <div style="margin-left: 20px;"> <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed         </div> <b>Basis for the claim:</b> <u>Supplies - Medical</u>	<b>\$3,935.00</b>
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Supplies - Medical</b>		
<hr/>		
<b>3.90</b> Nonpriority creditor's name and mailing address <hr/> <u>COMBINATORICS CONSULTING COMP</u> <hr/> <u>41850 W.11 MILE RD.</u> <hr/> <u>SUITE 200</u> <hr/> <hr/> <u>NOVI</u> <u>MI</u> <u>48375-1857</u> <hr/>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <div style="margin-left: 20px;"> <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed         </div> <b>Basis for the claim:</b> <u>Consulting Services</u>	<b>\$12,487.50</b>
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Consulting Services</b>		
<hr/>		
<b>3.91</b> Nonpriority creditor's name and mailing address <hr/> <u>COMMON CENT SOLUTIONS INC</u> <hr/> <u>6380 I-55 N STE 160</u> <hr/> <hr/> <u>JACKSON</u> <u>MS</u> <u>39211</u> <hr/>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <div style="margin-left: 20px;"> <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed         </div> <b>Basis for the claim:</b> <u>Cafeteria Software</u>	<b>\$1,244.00</b>
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Cafeteria Software</b>		
<hr/>		
<b>3.92</b> Nonpriority creditor's name and mailing address <hr/> <u>COMMUNITY HOSPITAL CONSULTING</u> <hr/> <u>7950 LEGACY DR STE 1000</u> <hr/> <hr/> <u>PLANO</u> <u>TX</u> <u>75024</u> <hr/>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <div style="margin-left: 20px;"> <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed         </div> <b>Basis for the claim:</b> <u>Consulting Services</u>	<b>\$25,108.04</b>
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Consulting Services</b>		

**Part 2: Additional Page**

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Amount of claim

<b>3.93</b>	<b>Nonpriority creditor's name and mailing address</b> <u>COMPLIANCELINE INC</u> <u>8615 CLIFF CAMERON DR</u> <u>STE 290</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,345.00</b>
<b>CHARLOTTE</b> <b>NC</b> <b>28269</b>		<b>Basis for the claim:</b> <u>Other Purchased Services</u>	
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>5</u> <u>0</u> <u>0</u> <u>8</u>			
<b>Other Purchased Services</b>			
<b>3.94</b>	<b>Nonpriority creditor's name and mailing address</b> <u>COMPREHENSIVE PHARMACY SVC INC</u> <u>6409 QUAIL HOLLOW RD</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$7,159.28</b>
<b>MEMPHIS</b> <b>TN</b> <b>38120</b>		<b>Basis for the claim:</b> <u>Services- HR</u>	
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>5</u> <u>4</u> <u>0</u> <u>6</u>			
<b>Services- HR</b>			
<b>3.95</b>	<b>Nonpriority creditor's name and mailing address</b> <u>COMPREHENSIVE SCREENING SOLUTI</u> <u>4705 PALMETTO RD SUITE 4</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$160.00</b>
<b>BENTON</b> <b>LA</b> <b>71006</b>		<b>Basis for the claim:</b> <u>Employee Benefits</u>	
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>5</u> <u>9</u> <u>8</u> <u>5</u>			
<b>Employee Benefits</b>			
<b>3.96</b>	<b>Nonpriority creditor's name and mailing address</b> <u>COMPRESSION THERAPY CONCEPTS</u> <u>PO BOX 840166</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,443.92</b>
<b>DALLAS</b> <b>TX</b> <b>75284-0166</b>		<b>Basis for the claim:</b> <u>Supplies-Medical</u>	
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>4</u> <u>6</u> <u>1</u> <u>8</u>			
<b>Supplies-Medical</b>			

**Part 2: Additional Page**

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Amount of claim

<b>3.97</b>	Nonpriority creditor's name and mailing address  <u>CONMED CORP</u> <u>CHURCH STREET STATION</u> <u>PO BOX 6814</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$7,020.60
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Supplies- Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>Supplies- Medical</u>		
<b>3.98</b>	Nonpriority creditor's name and mailing address  <u>COOK MEDICAL INC</u> <u>22988 NETWORK PLACE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,773.20
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Radioactive Materials</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>Radioactive Materials</u>		
<b>3.99</b>	Nonpriority creditor's name and mailing address  <u>COOKSEY MARCIN, PLLC</u> <u>25511 BUDDE ROAD, SUITE 2202</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$102,297.50
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Attorney</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>Attorney</u>		
<b>3.100</b>	Nonpriority creditor's name and mailing address  <u>COOPER SURGICAL</u> <u>PO BOX 712280</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,911.33
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Supplies - Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>Supplies - Medical</u>		

**Part 2: Additional Page**

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Amount of claim

<b>3.101</b>	Nonpriority creditor's name and mailing address  <u>CORDIS US CORP</u> <u>14201 NW 60TH AVENUE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$7,687.25</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Supplies - Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>Supplies - Medical</u>		
<b>3.102</b>	Nonpriority creditor's name and mailing address  <u>CORE SOUND IMAGING INC</u> <u>5510 SIX FORKS RD</u> <u>STE 200</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$329.54</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Repairs &amp; Maintenance</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>Repairs &amp; Maintenance</u>		
<b>3.103</b>	Nonpriority creditor's name and mailing address  <u>COVIDIEN</u> <u>4642 COLLECTION CENTER DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$3,837.16</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Supplies - Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>Supplies - Medical</u>		
<b>3.104</b>	Nonpriority creditor's name and mailing address  <u>CQ PARTNERS, LLC</u> <u>580 HOWARD AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$13,838.38</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Medical Charge</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>Medical Charge</u>		

**Part 2: Additional Page**

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Amount of claim

<b>3.105</b>	Nonpriority creditor's name and mailing address  <u>CREST HEALTH CARE</u> <u>PO BOX 727</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,269.04</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	 <u>DASSEL</u> <u>MN</u> <u>55325-0727</u>	Basis for the claim: <u>Supplies - Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>                        </u>	<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>              1  1  4  9            </u>		
	 <b>Supplies - Medical</b>		
<b>3.106</b>	Nonpriority creditor's name and mailing address  <u>CSS</u> <u>330 RAYFORD ROAD SUITE 417</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,766.00</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	 <u>SPRING</u> <u>TX</u> <u>77386</u>	Basis for the claim: <u>Repairs &amp; Maintenance</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>                        </u>	<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>              6  0  0  0            </u>		
	 <b>Repairs &amp; Maintenance</b>		
<b>3.107</b>	Nonpriority creditor's name and mailing address  <u>CTL MEDICAL CORP</u> <u>4550 EXCEL PARKWAY STE# 300</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$6,200.00</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	 <u>ADDISON</u> <u>TX</u> <u>75001</u>	Basis for the claim: <u>Supplies- Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>                        </u>	<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>              6  0  2  5            </u>		
	 <b>Supplies- Medical</b>		
<b>3.108</b>	Nonpriority creditor's name and mailing address  <u>DAILY SENTINEL</u> <u>4920 COLONIAL DRIVE</u> <u>PO BOX 630068</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$3,438.08</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	 <u>NACOGDOCHES</u> <u>TX</u> <u>75963-0068</u>	Basis for the claim: <u>Local Newspaper</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>                        </u>	<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>              1  1  5  0            </u>		
	 <b>Local Newspaper</b>		

**Part 2: Additional Page**

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Amount of claim

<b>3.109</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$350.32
<b>DEEP EAST TEXAS ELECTRIC COOP</b>		<input type="checkbox"/> Contingent	
<b>PO BOX 736</b>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
<b>SAN AUGSTINE TX 75972</b>		<b>Utilities</b>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Utilities</b>			
<b>3.110</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$548.00
<b>DEPARTMENT HEALTH &amp; HUMAN SVC</b>		<input type="checkbox"/> Contingent	
<b>POWDER MILL 62143</b>		<input type="checkbox"/> Unliquidated	
<b>12225 WILKINS AVE</b>		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
<b>ROCKVILLE MD 20852</b>		<b>Licenses &amp; Dues</b>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Licenses &amp; Dues</b>			
<b>3.111</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$17,164.46
<b>DEPUY SYNTHES-POWER TOOLS</b>		<input type="checkbox"/> Contingent	
<b>ATTENTION: LBX 406663</b>		<input type="checkbox"/> Unliquidated	
<b>6000 FELDWOOD RD.</b>		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
<b>COLLEGE PARK GA 30349</b>		<b>Supplies - Medical</b>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Supplies - Medical</b>			
<b>3.112</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,764.02
<b>DEROYAL INDUSTRIES INC</b>		<input type="checkbox"/> Contingent	
<b>MSC 30316</b>		<input type="checkbox"/> Unliquidated	
<b>PO BOX 415000</b>		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
<b>NASHVILLE TN 37241</b>		<b>Supplies - Medical</b>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Supplies - Medical</b>			

**Part 2: Additional Page**

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Amount of claim

<b>3.113</b>	Nonpriority creditor's name and mailing address  <u>DIGICERT</u> <u>PO BOX 840695</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$17,713.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Supplies- Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>Supplies- Medical</u>		
<b>3.114</b>	Nonpriority creditor's name and mailing address  <u>DISCOVERY HEALTHCARE CONSULTING GROUP</u> <u>PO BOX 93067</u> <u>LUBBOCK, TX 7493-3067</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$26,938.75
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Accounting</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
<b>3.115</b>	Nonpriority creditor's name and mailing address  <u>DISK-O-TAPE</u> <u>23775 MERCANTILE ROAD</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$771.43
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Supplies - Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>Supplies - Medical</u>		
<b>3.116</b>	Nonpriority creditor's name and mailing address  <u>DOOR CONTROL SERVICES INC</u> <u>PO BOX 675067</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,330.70
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Repairs &amp; Maintenance</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>Repairs &amp; Maintenance</u>		

**Part 2: Additional Page**

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Amount of claim

<b>3.117</b>	Nonpriority creditor's name and mailing address  <u>DSHS CENTRAL LAB</u> <u>PO BOX 149347</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,986.85
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Lab Testing</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>Lab Testing</u>		
<b>3.118</b>	Nonpriority creditor's name and mailing address  <u>DSS</u> <u>521 E MAIN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$522.60
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Repairs &amp; Maintenance</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>Repairs &amp; Maintenance</u>		
<b>3.119</b>	Nonpriority creditor's name and mailing address  <u>E T NEPHROLOGY ASSOC PA</u> <u>PO BOX 150408</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$9,000.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Physician Call / Directorships</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>Physician Call / Directorships</u>		
<b>3.120</b>	Nonpriority creditor's name and mailing address  <u>E3 DIAGNOSTICS INC</u> <u>3333 N. KENNICOTT</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$32,517.25
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Equipment Rent/Lease</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>Equipment Rent/Lease</u>		

**Part 2: Additional Page**

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Amount of claim

<b>3.121</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$5,390.00</b>
<u>EARS AND HEARING PA</u>		<input type="checkbox"/> Contingent	
<u>12319 N MOPAC EXP</u>		<input type="checkbox"/> Unliquidated	
<u>BLDG C 300</u>		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Physician Call / Directorships</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Physician Call / Directorships</b>			
<b>3.122</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$1,596.00</b>
<u>EAST TEX COMMUNITY HEALTH</u>		<input type="checkbox"/> Contingent	
<u>P O BOX 632040</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>NACOGDOCHES</u>		<u>NMPG</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>NMPG</b>			
<b>3.123</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$2,079.48</b>
<u>EAST TEXAS BP LLC</u>		<input type="checkbox"/> Contingent	
<u>305A EQUIPMENT COURT</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>LAWRENCEVILLE</u>		<u>Repairs &amp; Maintenance</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Repairs &amp; Maintenance</b>			
<b>3.124</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$14,187.81</b>
<u>EAST TEXAS CARPETS INC.</u>		<input type="checkbox"/> Contingent	
<u>1115 NORTH UNIVERSITY DRIVE</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>NACOGDOCHES</u>		<u>Repairs &amp; Maintenance</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Repairs &amp; Maintenance</b>			

**Part 2: Additional Page**

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Amount of claim

<b>3.125</b>	Nonpriority creditor's name and mailing address  <u>Eclinicalworks llc</u> <u>PO BOX 847950</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$14,438.86</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<b>Basis for the claim:</b> <u>NMPG Billing &amp; Coding Software</u>			
Is the claim subject to offset?			
Date or dates debt was incurred		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>NMPG Billing &amp; Coding Software</b>			
<b>3.126</b>	Nonpriority creditor's name and mailing address  <u>EDF, Inc.</u> <u>PO Box 74007029</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$431,854.24</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<b>Basis for the claim:</b> <u>Electricity Provider</u>			
Is the claim subject to offset?			
Date or dates debt was incurred		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>3.127</b>	Nonpriority creditor's name and mailing address  <u>Edmund C. King</u> <u>5351 N Eagles View Dr.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$2,711.54</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<b>Basis for the claim:</b> <u>Wages etc.</u>			
Is the claim subject to offset?			
Date or dates debt was incurred		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>3.128</b>	Nonpriority creditor's name and mailing address  <u>Edmund C. King</u> <u>5351 N Eagles View Dr.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<b>Basis for the claim:</b> <u>Employee expenses reimbursement</u>			
Is the claim subject to offset?			
Date or dates debt was incurred		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

<b>3.129</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$1,126.55</b>
<u>EDWARD DON &amp; COMPANY</u>		<input type="checkbox"/> Contingent	
<u>2562 PAYSPHERE CIRCLE</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 <u>CHICAGO</u> <u>IL</u> <u>60674</u>		 Basis for the claim: <u>Dietary- Food Supplies</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Dietary- Food Supplies</b>			
<b>3.130</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$3,674.49</b>
<u>EEC INTERMEDIATE HOLDINGS LLC</u>		<input type="checkbox"/> Contingent	
<u>15161 TECHNOLOGY DR</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 <u>BROOKSVILLE</u> <u>FL</u> <u>34604</u>		 Basis for the claim: <u>Dietary- Food Supplies</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Dietary- Food Supplies</b>			
<b>3.131</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$2,753.28</b>
<u>ELIAS GEORGE</u>		<input type="checkbox"/> Contingent	
<u>1118 TOPACIO ST.</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 <u>EDINBURG</u> <u>TX</u> <u>78539</u>		 Basis for the claim: <u>Expense Reimbursement</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Expense Reimbursement</b>			
<b>3.132</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$8,625.74</b>
<u>ELLIOTT ELECTRIC SUPPLY</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 206524</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 <u>DALLAS</u> <u>TX</u> <u>75320-6524</u>		 Basis for the claim: <u>Repairs &amp; Maintenance</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Repairs &amp; Maintenance</b>			

**Part 2: Additional Page**

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Amount of claim

<b>3.133</b>	Nonpriority creditor's name and mailing address  <u>ENCORE MUSIC CO</u> <u>706 N UNIVERSITY DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$448.16</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 <u>NACOGDOCHES</u> TX <u>75961</u>		Basis for the claim: <u>Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Services</b>			
<b>3.134</b>	Nonpriority creditor's name and mailing address  <u>ERI CONSULTING, INC</u> <u>2026 REPUBLIC DRIVE, SUITE A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$1,375.00</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 <u>TYLER</u> TX <u>75701</u>		Basis for the claim: <u>Consulting-Construction in Progress</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Consulting-Construction in Progress</b>			
<b>3.135</b>	Nonpriority creditor's name and mailing address  <u>EVERGREEN MEDICAL SVCS INC</u> <u>DEPT CH 17023</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$9,795.00</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 <u>PALATINE</u> IL <u>60055-7023</u>		Basis for the claim: <u>Medical Gas</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Medical Gas</b>			
<b>3.136</b>	Nonpriority creditor's name and mailing address  <u>EVOQUA WATER TECHNOLOGIES LLC</u> <u>28563 NETWORK PLACE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$5,680.11</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 <u>CHICAGO</u> IL <u>60673-1285</u>		Basis for the claim: <u>Supplies- Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Supplies- Medical</b>			

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Amount of claim

<b>3.137</b>	Nonpriority creditor's name and mailing address  <b>EXPRESS PERSONNEL SERVICES</b> <b>210 C TIMBERLAND DR</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,415.13
 <b>LUFKIN</b> TX 75901		Basis for the claim: <b>Contract Labor</b>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number  <b>1 1 8 8</b>			
<b>Contract Labor</b>			
<b>3.138</b>	Nonpriority creditor's name and mailing address  <b>FASTENAL CO</b> <b>PO BOX 1286</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$727.58
 <b>WINONA</b> MN 55987-1286		Basis for the claim: <b>Repairs &amp; Maintenance</b>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number  <b>0 4 6 6</b>			
<b>Repairs &amp; Maintenance</b>			
<b>3.139</b>	Nonpriority creditor's name and mailing address  <b>FEDEX</b> <b>PO BOX 660481</b> <b>Vendor Account Number: 30508</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$10,900.34
 <b>DALLAS</b> TX 75266-0481		Basis for the claim: <b>Postage &amp; Shipping</b>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number  <b>1 1 9 0</b>			
<b>Postage &amp; Shipping</b>			
<b>3.140</b>	Nonpriority creditor's name and mailing address  <b>FEDORA INTERTECH LLC</b> <b>1501 PREBLE AVE</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,636.00
 <b>PITTSBURGH</b> PA 15233		Basis for the claim: <b>Supplies - Medical</b>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number  <b>5 9 3 6</b>			
<b>Supplies - Medical</b>			

**Part 2: Additional Page**

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Amount of claim

<b>3.141</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$14,815.37
<u>FENLEY &amp; BATE LLP</u>		<input type="checkbox"/> Contingent	
<u>P O BOX 450</u>		<input type="checkbox"/> Unliquidated	
<u>LUFKIN, TX</u>		<input type="checkbox"/> Disputed	
Basis for the claim: <u>Attorney</u>			
Date or dates debt was incurred _____			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Last 4 digits of account number <u>1 9 6 5</u>			
Attorney			
<b>3.142</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$13,412.43
<u>FINTHRIVE INC</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 733492</u>		<input type="checkbox"/> Unliquidated	
<u>DALLAS TX 75373-3492</u>		<input type="checkbox"/> Disputed	
Basis for the claim: <u>Subscription</u>			
Date or dates debt was incurred _____			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Last 4 digits of account number <u>5 5 6 9</u>			
Subscription			
<b>3.143</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$661.60
<u>FISHER &amp; PAYKEL HEALTHCARE INC</u>		<input type="checkbox"/> Contingent	
<u>DEPT CH 16926</u>		<input type="checkbox"/> Unliquidated	
<u>PALATINE IL 60055-6926</u>		<input type="checkbox"/> Disputed	
Basis for the claim: <u>Supplies - Medical</u>			
Date or dates debt was incurred _____			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Last 4 digits of account number <u>4 6 5 8</u>			
Supplies - Medical			
<b>3.144</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$25,806.07
<u>FISHER HEAL</u>		<input type="checkbox"/> Contingent	
<u>ACCT# 524483-001</u>		<input type="checkbox"/> Unliquidated	
<u>PO BOX 404705</u>		<input type="checkbox"/> Disputed	
Basis for the claim: <u>Supplies - Medical</u>			
Date or dates debt was incurred _____			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Last 4 digits of account number <u>1 1 9 3</u>			
Supplies - Medical			

**Part 2: Additional Page**

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Amount of claim

<b>3.145</b>	Nonpriority creditor's name and mailing address  <b>FOOD SERVICE RESOURCES</b> <b>5350 MCEVER ROAD STE A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$509.12</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<b>Basis for the claim:</b> <b>Dietary- Food Supplies</b>			
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Dietary- Food Supplies</b>			
<b>3.146</b>	Nonpriority creditor's name and mailing address  <b>FORVIS</b> <b>510 N VALLEY MILLS</b> <b>STE 200</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$55,825.00</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<b>Basis for the claim:</b> <b>Consulting Services</b>			
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Consulting Services</b>			
<b>3.147</b>	Nonpriority creditor's name and mailing address  <b>FREDONIA HOSPITALITY LLC</b> <b>200 N FREDONIA ST</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$6,062.31</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<b>Basis for the claim:</b> <b>Marketing</b>			
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Marketing</b>			
<b>3.148</b>	Nonpriority creditor's name and mailing address  <b>FREDONIA ROTARY CLUB</b> <b>PO BOX 633092</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$201.76</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<b>Basis for the claim:</b> <b>Licenses &amp; Dues</b>			
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Licenses &amp; Dues</b>			

**Part 2: Additional Page**

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Amount of claim

<b>3.149</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$108,000.00
<u>Garlic Media Management LLC</u> <u>1195 S Lipan St, Unit A</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>Denver</u> CO    80223		Basis for the claim: <u>Marketing</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.150</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$32,605.02
<u>GE HEALTHCARE EQUIPMENT FINANCE</u> <u>PO BOX 641419</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>PITTSBURGH</u> PA    15264-1419		Basis for the claim: <u>Equipment Rent/Lease</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Equipment Rent/Lease			
<b>3.151</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$4,776.67
<u>GE PRECISION HEALTHCARE LLC</u> <u>3000 N GRANDVIEW BLVD</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>WAUKESHA</u> WI    53188-1615		Basis for the claim: <u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Supplies - Medical			
<b>3.152</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$19,951.18
<u>GERMER PLLC</u> <u>P.O BOX 4915</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>BEAUMONT</u> TX    77701		Basis for the claim: <u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Supplies - Medical			

**Part 2: Additional Page**

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Amount of claim

<b>3.153</b>	Nonpriority creditor's name and mailing address  <u>GETINGE</u> <u>PO BOX 775436</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$27,548.37</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 <u>CHICAGO</u> <u>IL</u> <u>60677-5436</u>		Basis for the claim:  <u>Supplies- Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Supplies- Medical</b>			
<b>3.154</b>	Nonpriority creditor's name and mailing address  <u>GETINGE/CASTLE INC</u> <u>PO BOX 775436</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$552.35</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 <u>CHICAGO</u> <u>IL</u> <u>60677-5436</u>		Basis for the claim:  <u>Supplies- Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Supplies- Medical</b>			
<b>3.155</b>	Nonpriority creditor's name and mailing address  <u>GEXTIXHEALTH HOLDING CORP</u> <u>PO BOX 2587</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$5,260.14</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 <u>STAFFORD</u> <u>TX</u> <u>77497</u>		Basis for the claim:  <u>Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Services</b>			
<b>3.156</b>	Nonpriority creditor's name and mailing address  <u>GIFTED INTERMEDIATE HOLDINGS II, INC.</u> <u>GIFTED NURSES, LLC DBA GIFTED HEALTHCARE</u> <u>3330 W ESPLANADE AVE, STE 505</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$47,454.66</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 <u>METAIRIE</u> <u>LA</u> <u>70002</u>		Basis for the claim:  <u>Staffing</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Staffing</b>			

**Part 2: Additional Page**

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Amount of claim

<b>3.157</b>	Nonpriority creditor's name and mailing address  <u>Gjerset &amp; Lorez, LLP</u> <u>2801 Via Fortuna</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$215,110.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Attorney Fees</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
<b>3.158</b>	Nonpriority creditor's name and mailing address  <u>Goldie's Upholstery</u> <u>920 SOUTH ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$135.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Repairs &amp; Maintenance</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<b>Repairs &amp; Maintenance</b>		
<b>3.159</b>	Nonpriority creditor's name and mailing address  <u>Gordon Food</u> <u>PO Box 88029</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$125,843.90
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Dietary-Food Supplies (Cafeteria)</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
<b>3.160</b>	Nonpriority creditor's name and mailing address  <u>GRAINGER</u> <u>DEPT 823364534</u> <u>PO BOX 419267</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$45,985.93
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Repairs &amp; Maintenance</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<b>Repairs &amp; Maintenance</b>		

**Part 2: Additional Page**

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Amount of claim

<b>3.161</b>	Nonpriority creditor's name and mailing address  <u>GREEN &amp; GREEN CPA INC</u> <u>28382 CONSTELLATION ROAD</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 Basis for the claim: <u>Accounting</u>			
<b>VALENCIA</b>	<b>CA</b>	<b>91355</b>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>3.162</b>	Nonpriority creditor's name and mailing address  <u>GREEN AND SPIEGEL U.S., LLC</u> <u>1524 DELANCEY ST., 4TH FLOOR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$10,450.00</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 Basis for the claim: <u>Legal</u>			
<b>PHILADELPHIA</b>	<b>PA</b>	<b>19102</b>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
Legal			
<b>3.163</b>	Nonpriority creditor's name and mailing address  <u>Gregory Tate, DDS, MD</u> <u>508 Russell Blvd</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 Basis for the claim: <u>Services</u>			
<b>Nacogdoches</b>	<b>TX</b>	<b>75965</b>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>3.164</b>	Nonpriority creditor's name and mailing address  <u>GUERBET LLC</u> <u>DEPT 3917</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$4,384.48</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 Basis for the claim: <u>Supplies - Medical</u>			
<b>CAROL STREAM</b>	<b>IL</b>	<b>60132</b>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
Supplies - Medical			

**Part 2: Additional Page**

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Amount of claim

<b>3.165</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$56,505.78</b>
<u>GULF COAST REGIONAL BLOOD CENTER</u> <u>PO BOX 301092</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>DALLAS</u> TX      75303-1092		Basis for the claim: <u>Supplies - Blood</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Supplies - Blood			
<b>3.166</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$22,072.69</b>
<u>HASHMET WALI AND ASSOCIATES INC.</u> <u>8914 DAFFODIL STREET</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>HOUSTON</u> TX      77063		Basis for the claim: <u>Repairs &amp; Maintenance</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Repairs & Maintenance			
<b>3.167</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$233.50</b>
<u>HAVELS INCORPORATED</u> <u>3726 LONSDALES ST</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>CINCINNATI</u> OH      45227		Basis for the claim: <u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Supplies - Medical			
<b>3.168</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$2,160.58</b>
<u>HD SUPPLY FACILITIES MAINTENANCE</u> <u>PO BOX 509058</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>SAN DIEGO</u> CA      92150-9058		Basis for the claim: <u>Repairs &amp; Maintenance</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Repairs & Maintenance			

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Amount of claim

<b>3.169</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$6,000.00</b>
<u>Head Pediatric, PLLC</u>		<input type="checkbox"/> Contingent	
<u>625 Russell Blvd</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
<u>Nacogdoches TX 75965</u>		<u>Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>3.170</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$24,163.34</b>
<u>HEALTHCARE FACILITIES CONSULTING INC</u>		<input type="checkbox"/> Contingent	
<u>2517 LEBANON PIKE</u>		<input type="checkbox"/> Unliquidated	
<u>SUITE 302</u>		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
<u>NASHVILLE TN 37214</u>		<u>Consulting</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
Consulting			
<b>3.171</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$15,814.00</b>
<u>HEDMAN PARTNERS LP</u>		<input type="checkbox"/> Contingent	
<u>27441 TOURNEY ROAD</u>		<input type="checkbox"/> Unliquidated	
<u>SUITE 200</u>		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
<u>VALENCIA CA 91355</u>		<u>Accounting</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>3.172</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$124.98</b>
<u>HELENA LABORATORIES CORP</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 676445</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
<u>DALLAS TX 75267-6445</u>		<u>Supplies- Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
Supplies- Medical			

**Part 2: Additional Page**

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3.173 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Amount of claim
<u>HELPING HANDS NURSING AGENCY</u> <u>PO BOX 297</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$37,709.03</u>
<u>JASPER</u> <u>TX</u> <u>75951</u>	<b>Basis for the claim:</b> <u>Staffing Agency</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>5</u> <u>3</u> <u>4</u> <u>7</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Staffing Agency</b>		
<b>3.174 Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
<u>HENSLER SURGICAL,LLC</u> <u>2420 SOUTH 17TH ST STE C</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$5,417.70</u>
<u>WILMINGTON</u> <u>NC</u> <u>28401</u>	<b>Basis for the claim:</b> <u>Supplies- Medical</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>5</u> <u>7</u> <u>9</u> <u>7</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Supplies- Medical</b>		
<b>3.175 Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
<u>HFMA</u> <u>5195 EAGLE WAY</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$8,000.00</u>
<u>CHICAGO</u> <u>IL</u> <u>60678-1051</u>	<b>Basis for the claim:</b> <u>Licenses &amp; Dues</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>0</u> <u>5</u> <u>8</u> <u>9</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Licenses &amp; Dues</b>		
<b>3.176 Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
<u>HILL ROM</u> <u>PO BOX 643592</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$50,344.32</u>
<u>PITTSBURGH</u> <u>PA</u> <u>15264-3592</u>	<b>Basis for the claim:</b> <u>Equipment Rent/Lease</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>1</u> <u>2</u> <u>2</u> <u>7</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Equipment Rent/Lease</b>		

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Amount of claim

<b>3.177</b>	Nonpriority creditor's name and mailing address  <u>HOBART</u> <u>PO BOX 2517</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$4,249.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	 <b>CAROL STREAM</b> <b>IL</b> <b>60132</b>	 Basis for the claim: <b>Equipment Rent/Lease</b>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	 Last 4 digits of account number <u>1</u> <u>2</u> <u>2</u> <u>9</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	 <b>Equipment Rent/Lease</b>		
<b>3.178</b>	Nonpriority creditor's name and mailing address  <u>HOLOGIC INC</u> <u>24506 NETWORK PLACE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$94,187.05
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	 <b>CHICAGO</b> <b>IL</b> <b>60673-1245</b>	 Basis for the claim: <b>Supplies - Medical</b>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	 Last 4 digits of account number <u>3</u> <u>1</u> <u>6</u> <u>2</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	 <b>Supplies - Medical</b>		
<b>3.179</b>	Nonpriority creditor's name and mailing address  <u>HPHG, LLC - DBA 90 DEGREE BENEFITS</u> <u>4401 82ND ST. UNIT 1200</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$95,256.48
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	 <b>LUBBOCK</b> <b>TX</b> <b>79424</b>	 Basis for the claim: <b>Employee Benefits</b>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	 Last 4 digits of account number <u>6</u> <u>1</u> <u>0</u> <u>8</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	 <b>Employee Benefits</b>		
<b>3.180</b>	Nonpriority creditor's name and mailing address  <u>HUGHES CONSTRUCTION &amp; DEVELOPMENT, LLC</u> <u>13570 EAST STATE HWY 103</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,610.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	 <b>HUNTINGTON</b> <b>TX</b> <b>75949</b>	 Basis for the claim: <b>Repairs &amp; Maintenance</b>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	 Last 4 digits of account number <u>6</u> <u>1</u> <u>0</u> <u>0</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	 <b>Repairs &amp; Maintenance</b>		

**Part 2: Additional Page**

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Amount of claim

<b>3.181</b>	Nonpriority creditor's name and mailing address  <u>HUSCH BLACKWELL LLP</u> <u>P.O. BOX 790379</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$16,533.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Legal</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>ST LOUIS</u> MO <u>63179-0379</u>		
	<b>Legal</b>		
<b>3.182</b>	Nonpriority creditor's name and mailing address  <u>ICU MEDICAL INC</u> <u>PO BOX 848908</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$237.60
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Supplies - Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>LOS ANGELES</u> CA <u>09008</u>		
	<b>Supplies - Medical</b>		
<b>3.183</b>	Nonpriority creditor's name and mailing address  <u>IMAGING PHYSICS LLC</u> <u>227 SANDY SPRINGS PLACE</u> <u>STE D-300</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$17,467.60
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>GA</u> <u>30328</u>	
	<b>Supplies - Medical</b>		
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>SANDY SPRINGS</u> GA <u>30328</u>		
	<b>Supplies - Medical</b>		
<b>3.184</b>	Nonpriority creditor's name and mailing address  <u>IMMUCOR</u> <u>PO BOX 102118</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$19,217.67
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Supplies - Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>ATLANTA</u> GA <u>30368-2118</u>		
	<b>Supplies - Medical</b>		

**Part 2: Additional Page**

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Amount of claim

<b>3.185</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$7,239.69</b>
<u>INSIGHT DIRECT USA INC</u>		<input type="checkbox"/> Contingent	
<u>GALEN &amp; DAVIS, LLP</u>		<input type="checkbox"/> Unliquidated	
<u>2945 TOWNSGATE RD - STE 200</u>		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>IT</u>	
		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>IT</u>			
<b>3.186</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$21,639.16</b>
<u>INTEGRA</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 404129</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>ATLANTA</u>		<u>GA 30384-4129</u>	<u>Supplies- Medical</u>
		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Supplies- Medical</u>			
<b>3.187</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$16,868.94</b>
<u>INTERFACE SECURITY SYSTEMS LLC</u>		<input type="checkbox"/> Contingent	
<u>8339 SOLUTIONS CENTER</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>CHICAGO</u>		<u>IL 60677-8003</u>	<u>NICU Infant Monitoring</u>
		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>NICU Infant Monitoring</u>			
<b>3.188</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$1,825.95</b>
<u>INTERLINE BRANDS INC</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 404468</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>ATLANTA</u>		<u>GA 30384-4468</u>	<u>Repairs &amp; Maintenance</u>
		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Repairs &amp; Maintenance</u>			

**Part 2: Additional Page**

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Amount of claim

<b>3.189</b>	Nonpriority creditor's name and mailing address  <u>INTERTECH SECURITY-use 593</u> <u>1501 PREBLE AVN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$5,982.00</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Supplies</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<b>Supplies</b>		
<b>3.190</b>	Nonpriority creditor's name and mailing address  <u>JAMES A. HUGHES</u> <u>123 RIDGEWOOD ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$500.00</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Marketing</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<b>Marketing</b>		
<b>3.191</b>	Nonpriority creditor's name and mailing address  <u>James Redfield, MD</u> <u>1002 Mound Street</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$11,000.00</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
<b>3.192</b>	Nonpriority creditor's name and mailing address  <u>JB CRAWFORD CONSTRUCTION, LLC</u> <u>2802 DURST STREET</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$733.39</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Repairs &amp; Maintenance</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<b>Repairs &amp; Maintenance</b>		

**Part 2: Additional Page**

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Amount of claim

<b>3.193</b>	Nonpriority creditor's name and mailing address  <u>JENSEN HUGHES INC</u> <u>3610 COMMERCE DRIVE</u> <u>SUITE 8</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$12,000.00
 <u>BALTIMORE</u> MD    21227-1640		Basis for the claim:  <u>Consulting Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>6 0 4 7</u>			
Consulting Services			
<b>3.194</b>	Nonpriority creditor's name and mailing address  <u>JETT BUSINESS SYSTEMS INC</u> <u>1452 HAWN AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$9,584.61
 <u>SHREVEPORT</u> LA    71107		Basis for the claim:  <u>Supplies - Office</u>	
Date or dates debt was incurred		Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>1 3 0 4</u>			
Supplies - Office			
<b>3.195</b>	Nonpriority creditor's name and mailing address  <u>JOHNSON &amp; JOHNSON HEALTHCARE</u> <u>5972 COLLECTIONS CENTER DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,919.28
 <u>CHICAGO</u> IL    60693		Basis for the claim:  <u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>1 3 0 6</u>			
Supplies - Medical			
<b>3.196</b>	Nonpriority creditor's name and mailing address  <u>JOHNSON CONTROLS INC</u> <u>5757 N GREEN BAT AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$8,944.14
 <u>MILWAUKEE</u> WI    53209		Basis for the claim:  <u>Repairs &amp; Maintenance</u>	
Date or dates debt was incurred		Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>5 9 9 7</u>			
Repairs & Maintenance			

**Part 2: Additional Page**

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Amount of claim

<b>3.197</b>	Nonpriority creditor's name and mailing address  <u>KENTEC</u> <u>17871 FITCH</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$235.96
 <u>IRVINE</u> CA    92614		Basis for the claim: <u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Supplies - Medical</b>			
<b>3.198</b>	Nonpriority creditor's name and mailing address  <u>KERMA MEDICAL PRODUCTS INC</u> <u>215 SUBURBAN DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,608.96
 <u>SUFFOLK</u> VA    23434		Basis for the claim: <u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Supplies - Medical</b>			
<b>3.199</b>	Nonpriority creditor's name and mailing address  <u>KEY SCIENTIFIC</u> <u>1113 E REYNOLDS</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$410.16
 <u>STAMFORD</u> TX    79553		Basis for the claim: <u>Supplies- Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Supplies- Medical</b>			
<b>3.200</b>	Nonpriority creditor's name and mailing address  <u>KLINE'S</u> <u>628 N UNIVERSITY DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,169.83
 <u>NACOGDOCHES</u> TX    75961		Basis for the claim: <u>Supplies</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Supplies</b>			

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Amount of claim

<b>3.201</b>	Nonpriority creditor's name and mailing address  <u>KOPPEL &amp; KOZEL LLC</u> <u>2947 SPECIALLY DRIVE UNIT 4</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$10,655.05
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Repairs &amp; Maintenance</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>Repairs &amp; Maintenance</u>		
<b>3.202</b>	Nonpriority creditor's name and mailing address  <u>KROGER</u> <u>PO BOX 776417</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$166.38
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Dietary - Food Supplies</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>Dietary - Food Supplies</u>		
<b>3.203</b>	Nonpriority creditor's name and mailing address  <u>KUMURA &amp; ASSOCIATES INC</u> <u>1602 SIDDALL DR.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$30,362.50
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Consulting Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>Consulting Services</u>		
<b>3.204</b>	Nonpriority creditor's name and mailing address  <u>KURIN INC</u> <u>10755 SCRIPPS POWAY PKWY 257</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$22,834.17
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Supplies - Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>Supplies - Medical</u>		

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Amount of claim

<b>3.205</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,544.70
<u>KURZ MEDICAL INC</u>		<input type="checkbox"/> Contingent	
<u>70 CHESTNUT ST</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
<u>SHERWSBURY</u>		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Supplies - Medical</b>			
<b>3.206</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$248.08
<u>LABORIE MEDICAL TECHNOLOGIES</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 734615</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
<u>CHICAGO</u>		<u>Supplies- Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Supplies- Medical</b>			
<b>3.207</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$28,330.17
<u>LAMAR TEXAS LIMITED PARTNERSHIP</u>		<input type="checkbox"/> Contingent	
<u>P.O. BOX 746966</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
<u>ATLANTA</u>		<u>Marketing</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Marketing</b>			
<b>3.208</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$300.00
<u>LAMAR UNIVERSITY</u>		<input type="checkbox"/> Contingent	
<u>4400 DR. MARTIN LUTHER KING, JR.</u>		<input type="checkbox"/> Unliquidated	
<u>PARKWAY SOUTH</u>		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
<u>BEAUMONT</u>		<u>Employee Recruitment</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Employee Recruitment</b>			

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Amount of claim

<b>3.209</b>	Nonpriority creditor's name and mailing address  <u>LANDAUER</u> <u>PO BOX 809051</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$957.10</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 <b>CHICAGO</b> <b>IL</b> <b>60680-9051</b>		 <b>Basis for the claim:</b> <b>Services- Radiology</b>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Services- Radiology</b>			
<b>3.210</b>	Nonpriority creditor's name and mailing address  <u>LANGLEY MFG INC</u> <u>PO BOX 632732</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$630.63</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 <b>NACOGDOCHES</b> <b>TX</b> <b>75963</b>		 <b>Basis for the claim:</b> <b>Repairs &amp; Maintenance</b>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Repairs &amp; Maintenance</b>			
<b>3.211</b>	Nonpriority creditor's name and mailing address  <u>LANGUAGE SERVICE ASSOC</u> <u>PO BOX 829752</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$3,158.83</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 <b>PHILADELPHIA</b> <b>PA</b> <b>19182-9752</b>		 <b>Basis for the claim:</b> <b>Services-Interpreting</b>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Services-Interpreting</b>			
<b>3.212</b>	Nonpriority creditor's name and mailing address  <u>LAWSON PRODUCTS</u> <u>PO BOX 734922</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$599.20</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 <b>CHICAGO</b> <b>IL</b> <b>60673-4922</b>		 <b>Basis for the claim:</b> <b>Repairs &amp; Maintenance</b>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Repairs &amp; Maintenance</b>			

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Amount of claim

<b>3.213</b>	Nonpriority creditor's name and mailing address  <u>LEADING REACH INC</u> <u>7719 WOOD HOLLOW DRIVE</u> <u>SUITE 265</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,139.76
<u>AUSTIN</u> <u>TX</u> <u>78731</u>		Basis for the claim: <u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>5</u> <u>9</u> <u>8</u> <u>0</u>			
Supplies - Medical			
<b>3.214</b>	Nonpriority creditor's name and mailing address  <u>LEASING ASSOC OF BARRINGTON</u> <u>220 N RIVER ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$25,531.72
<u>EAST DUNDLE</u> <u>IL</u> <u>60118</u>		Basis for the claim: <u>Equipment Rent/Lease</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>5</u> <u>3</u> <u>4</u> <u>9</u>			
Equipment Rent/Lease			
<b>3.215</b>	Nonpriority creditor's name and mailing address  <u>LEITERS</u> <u>PO BOX 92154</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,065.50
<u>LAS VEGAS</u> <u>NV</u> <u>89193-2154</u>		Basis for the claim: <u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>5</u> <u>7</u> <u>6</u> <u>5</u>			
Supplies - Medical			
<b>3.216</b>	Nonpriority creditor's name and mailing address  <u>LHASA OMS, INC</u> <u>230 LIBBEY INDUSTRIAL PARKWAY</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$62.58
<u>WEYMOUTH</u> <u>MA</u> <u>02189</u>		Basis for the claim: <u>Supplies-Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>6</u> <u>0</u> <u>2</u> <u>7</u>			
Supplies-Medical			

**Part 2: Additional Page**

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Amount of claim

<b>3.217</b>	Nonpriority creditor's name and mailing address  <b>LIBERTY FLAG &amp; SPECIALTY CO</b> <b>PO BOX 424</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$860.20</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<b>Maintenance Supplies</b>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<b>Maintenance Supplies</b>		
<b>3.218</b>	Nonpriority creditor's name and mailing address  <b>LIFE SAFETY SERVICES</b> <b>908 S 8TH STREET, SUITE 500</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$3,223.00</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<b>Inspection</b>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<b>Inspection</b>		
<b>3.219</b>	Nonpriority creditor's name and mailing address  <b>LIFENET HEALTH</b> <b>PO BOX 79636</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$3,965.50</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<b>Supplies- Medical</b>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<b>Supplies- Medical</b>		
<b>3.220</b>	Nonpriority creditor's name and mailing address  <b>LILLY SANITATION</b> <b>PO BOX 672</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$348.65</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<b>Utilities</b>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<b>Utilities</b>		

**Part 2: Additional Page**

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Amount of claim

<b>3.221</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$953.50
<u>LOWE'S HOME CENTER INC</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 530954</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
<u>ATLANTA</u>		<u>Repairs &amp; Maintenance</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Repairs &amp; Maintenance</b>			
<b>3.222</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$11,997.10
<u>LUFKIN ARMATURE WORKS INC</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 1227</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
<u>LUFKIN</u>		<u>Repairs &amp; Maintenance</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Repairs &amp; Maintenance</b>			
<b>3.223</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,886.74
<u>MAINE STANDARDS COMPANY LLC</u>		<input type="checkbox"/> Contingent	
<u>DEPT CH 16362</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
<u>PALATINE</u>		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Supplies - Medical</b>			
<b>3.224</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$40,379.15
<u>MALL ENERGY</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 945</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
<u>LONGVIEW</u>		<u>Repairs &amp; Maintenance</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Repairs &amp; Maintenance</b>			

**Part 2: Additional Page**

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Amount of claim

<b>3.225</b>	Nonpriority creditor's name and mailing address  <u>MARGARET JOAN MORGAN</u> <u>4738 LA VILLA MARINA UNIT C</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$8,000.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 Basis for the claim: <u>Consulting Services</u>			
 Date or dates debt was incurred _____			
Is the claim subject to offset? <input checked="" type="checkbox"/> No			
Last 4 digits of account number <u>5 8 2 7</u>			
 Consulting Services			
<b>3.226</b>	Nonpriority creditor's name and mailing address  <u>MARK'S PLUMBING PARTS</u> <u>PO BOX 121554</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,989.26
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 Basis for the claim: <u>Repairs &amp; Maintenance</u>			
 Date or dates debt was incurred _____			
Is the claim subject to offset? <input checked="" type="checkbox"/> No			
Last 4 digits of account number <u>1 3 5 8</u>			
 Repairs & Maintenance			
<b>3.227</b>	Nonpriority creditor's name and mailing address  <u>MARKETLAB INC</u> <u>PO BOX 844348</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,003.94
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 Basis for the claim: <u>Supplies- Medical</u>			
 Date or dates debt was incurred _____			
Is the claim subject to offset? <input checked="" type="checkbox"/> No			
Last 4 digits of account number <u>1 3 5 9</u>			
 Supplies- Medical			
<b>3.228</b>	Nonpriority creditor's name and mailing address  <u>Mary Barnette, MD</u> <u>3614 N University Dr</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$5,200.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 Basis for the claim: <u>Services</u>			
 Date or dates debt was incurred _____			
Is the claim subject to offset? <input checked="" type="checkbox"/> No			
Last 4 digits of account number <u>      </u>			

**Part 2: Additional Page**

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Amount of claim

<b>3.229</b>	Nonpriority creditor's name and mailing address  <u>MASIMO</u> <u>28932 NETWORK PLACE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$6,866.34
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Supplies- Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>CHICAGO</u> <u>IL</u> <u>60673-1289</u>	<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>4</u> <u>1</u> <u>3</u> <u>1</u>		
	<b>Supplies- Medical</b>		
<b>3.230</b>	Nonpriority creditor's name and mailing address  <u>Matheson Tri-Gas</u> <u>Dept. 3028</u> <u>PO Box 123028</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$123,428.72
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Patient Cases</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>Dallas</u> <u>TX</u> <u>75312</u>	<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>      </u> <u>      </u> <u>      </u> <u>      </u>		
<b>3.231</b>	Nonpriority creditor's name and mailing address  <u>MCG HEALTH LLC</u> <u>PO BOX 742350</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,918.82
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Prepaid Service Maintenance</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>ATLANTA</u> <u>GA</u> <u>30374-2350</u>	<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>4</u> <u>9</u> <u>3</u> <u>9</u>		
	<b>Prepaid Service Maintenance</b>		
<b>3.232</b>	Nonpriority creditor's name and mailing address  <u>MCWILLIAMS &amp; SON</u> <u>7642 S US HWY 59</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$253.82
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Repairs &amp; Maintenance</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>BURKE</u> <u>TX</u> <u>75941-4427</u>	<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>5</u> <u>0</u> <u>6</u> <u>0</u>		
	<b>Repairs &amp; Maintenance</b>		

**Part 2: Additional Page**

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Amount of claim

<b>3.233</b>	Nonpriority creditor's name and mailing address  <u>MD SAVE INC</u> <u>PO BOX 197596</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$48,742.50</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	 <b>NASHVILLE</b> <b>TN</b> <b>37219-7596</b>	 Basis for the claim: <b>Patient Insurance</b>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number <u>5</u> <u>2</u> <u>3</u> <u>0</u>	<input type="checkbox"/> Yes	
	 <b>Patient Insurance</b>		
<b>3.234</b>	Nonpriority creditor's name and mailing address  <u>MED ONE CAPITAL FUNDING LLC</u> <u>LB 271128</u> <u>P O BOX 35145</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$6,254.64</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	 <b>SEATTLE</b> <b>WA</b> <b>98124-5145</b>	 Basis for the claim: <b>Equipment Rent/Lease</b>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number <u>4</u> <u>6</u> <u>4</u> <u>8</u>	<input type="checkbox"/> Yes	
	 <b>Equipment Rent/Lease</b>		
<b>3.235</b>	Nonpriority creditor's name and mailing address  <u>MED-PAT INC</u> <u>31 RIORDAN PLACE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$545.49</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	 <b>SHREWSBURY</b> <b>NJ</b> <b>07702</b>	 Basis for the claim: <b>Supplies - Medical</b>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number <u>1</u> <u>3</u> <u>6</u> <u>7</u>	<input type="checkbox"/> Yes	
	 <b>Supplies - Medical</b>		
<b>3.236</b>	Nonpriority creditor's name and mailing address  <u>MEDCOMP</u> <u>1499 DELP DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$2,812.60</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	 <b>HARLEYSVILLE</b> <b>PA</b> <b>19438</b>	 Basis for the claim: <b>Supplies- Medical</b>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number <u>4</u> <u>2</u> <u>8</u> <u>2</u>	<input type="checkbox"/> Yes	
	 <b>Supplies- Medical</b>		

**Part 2: Additional Page**

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Amount of claim

<b>3.237</b>	Nonpriority creditor's name and mailing address  <u>MEDELA INC.</u> <u>38789 EAGLE WAY</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,523.62
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Supplies - Medical</u>	
Date or dates debt was incurred _____			
Last 4 digits of account number <u>1 2 5 2</u>			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Supplies - Medical</b>			
<b>3.238</b>	Nonpriority creditor's name and mailing address  <u>MEDI-DOSE INC</u> <u>LOCK BOX 427</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,639.34
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Supplies - Medical</u>	
Date or dates debt was incurred _____			
Last 4 digits of account number <u>1 1 8 1</u>			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Supplies - Medical</b>			
<b>3.239</b>	Nonpriority creditor's name and mailing address  <u>Medline Industries, Inc.</u> <u>Dept. 1080</u> <u>PO Box 121080</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$250,112.21
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Medical Supplies</u>	
Date or dates debt was incurred _____			
Last 4 digits of account number <u>      </u>			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>3.240</b>	Nonpriority creditor's name and mailing address  <u>MEDSERVICE REPAIR INC</u> <u>300 CENTER DR</u> <u>SUITE 104</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$444.90
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Supplies- Medical</u>	
Date or dates debt was incurred _____			
Last 4 digits of account number <u>3 8 2 0</u>			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Supplies- Medical</b>			

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Amount of claim

<b>3.241</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$123,494.94
<u>Medtronic Xomed</u> <u>PO Box 848086</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>Dallas</u> TX 75284		Basis for the claim: <u>Cath Lab Medical Supplies</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.242</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$581,896.00
<u>Medygate, Inc.</u> <u>447 S. Robertson Blvd., #204</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>Beverly Hills</u> CA 90211		Basis for the claim: <u>Bio-Medical Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.243</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$747.25
<u>MEMORIAL HOSPITAL-GIFT SHOP</u> <u>1204 MOUND ST</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>NACOGDOCHES</u> TX 75961		Basis for the claim: <u>Employee Benefits</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Employee Benefits			
<b>3.244</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,844.04
<u>MERCURY MEDICAL</u> <u>PO BOX 17009</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>CLEARWATER</u> FL 33762-0009		Basis for the claim:	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

<b>3.245</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$5,407.80</b>
<u>MERIT MEDICAL SYSTEM INC</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 204842</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Supplies - Medical</b>			
<b>3.246</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$14,123.34</b>
<u>MID SOUTH CHEMICAL</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 116</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Repairs &amp; Maintenance</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Repairs &amp; Maintenance</b>			
<b>3.247</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$920.13</b>
<u>MID SOUTH TILE COMPANY</u>		<input type="checkbox"/> Contingent	
<u>3977 W STATE HWY 7</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Repairs &amp; Maintenance</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Repairs &amp; Maintenance</b>			
<b>3.248</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$1,312.39</b>
<u>MOORE SUPPLY COMPANY</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 951949</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Repairs &amp; Maintenance</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Repairs &amp; Maintenance</b>			

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Amount of claim

<b>3.249</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$5,997.32</b>
<u>MSDSONLINE INC</u>		<input type="checkbox"/> Contingent	
<u>DBA VELOCITY EHS</u>		<input type="checkbox"/> Unliquidated	
<u>27185 NETWORK PLACE</u>		<input type="checkbox"/> Disputed	
 <u>CHICAGO</u> <u>IL</u> <u>60673</u>		 <b>Basis for the claim:</b> <u>Facilities- Reports</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Facilities- Reports</b>			
<b>3.250</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$8,220.00</b>
<u>MUTAL SPRINKLERS</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 74008409</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 <u>CHICAGO</u> <u>IL</u> <u>60674-8409</u>		 <b>Basis for the claim:</b> <u>Repairs &amp; Maintenance/ Inspection</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Repairs &amp; Maintenance/ Inspection</b>			
<b>3.251</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$8,319.01</b>
<u>MXR IMAGING- INC</u>		<input type="checkbox"/> Contingent	
<u>4909 MURPHY CANYON RD</u>		<input type="checkbox"/> Unliquidated	
<u>STE 120</u>		<input type="checkbox"/> Disputed	
 <u>SAN DIEGO</u> <u>CA</u> <u>92123</u>		 <b>Basis for the claim:</b> <u>Supplies- Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Supplies- Medical</b>			
<b>3.252</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$6,000.00</b>
<u>NAC COUNTY CHAMBER OF COMMERCE</u>		<input type="checkbox"/> Contingent	
<u>2516 NORTH STREET</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 <u>NACOGDOCHES</u> <u>TX</u> <u>75965</u>		 <b>Basis for the claim:</b> <u>Licenses &amp; Dues</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Licenses &amp; Dues</b>			

**Part 2: Additional Page**

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**Amount of claim**

3.253	Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is: Check all that apply.	\$500.00
<b>NAC SAFE SPACE</b> <b>3111 MELWOOD CIRCLE</b>			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>NACOGDOCHES TX 75964</b>			<b>Basis for the claim:</b>		
Date or dates debt was incurred			Is the claim subject to offset?		
Last 4 digits of account number <u>6 1 1 2</u>			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Marketing</b>					
3.254	Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is: Check all that apply.	\$0.00
<b>Nacogdoches County Hospital District</b> <b>Attention: Administrator</b> <b>1204 North Mound Street</b>			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Nacogdoches TX 75961</b>			<b>Basis for the claim:</b>		
Date or dates debt was incurred			Is the claim subject to offset?		
Last 4 digits of account number <u>      </u>			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.255	Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is: Check all that apply.	\$3,937.50
<b>NACOGDOCHES ECONOMIC DEVELOPMENT</b> <b>PO BOX 635030</b>			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>NACOGDOCHES TX 75963-5030</b>			<b>Basis for the claim:</b>		
Date or dates debt was incurred			Is the claim subject to offset?		
Last 4 digits of account number <u>5 1 6 4</u>			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Licenses &amp; Dues</b>					
3.256	Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is: Check all that apply.	\$12,250.00
<b>Nacogdoches Gastroenterology</b> <b>522 Russell Blvd</b>			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Nacogdoches TX 75965</b>			<b>Basis for the claim:</b>		
Date or dates debt was incurred			Is the claim subject to offset?		
Last 4 digits of account number <u>      </u>			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: Additional Page**

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Amount of claim

<b>3.257</b>	Nonpriority creditor's name and mailing address <u>Nacogdoches Nephrology, PA</u> <u>522 Russell Blvd</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$9,400.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
<b>3.258</b>	Nonpriority creditor's name and mailing address <u>Nacogdoches Pulmonary &amp; Sleep</u> <u>5500 North Street</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$62,200.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
<b>3.259</b>	Nonpriority creditor's name and mailing address <u>Nacogdoches Sheet Metal, Plumbing &amp; AC</u> <u>PO BOX 631277</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$75.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Repairs &amp; Maintenance</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	Repairs & Maintenance		
<b>3.260</b>	Nonpriority creditor's name and mailing address <u>NALCOM WIRELESS COMMUNICATIONS</u> <u>1023 N MOUND ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$7,144.50
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Utilities</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	Utilities		

**Part 2: Additional Page**

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**Amount of claim**

3.261	Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is: Check all that apply.	\$1,121.58
<u>NATIONAL WHOLESALE SUPPLY INC</u>			<input type="checkbox"/> Contingent		
<u>1972 CALIFORNIA CROSSING</u>			<input type="checkbox"/> Unliquidated		
			<input type="checkbox"/> Disputed		
			<b>Basis for the claim:</b>		
			<u>Supplies - Medical</u>		
			Is the claim subject to offset?		
			<input checked="" type="checkbox"/> No		
			<input type="checkbox"/> Yes		
<b>Supplies - Medical</b>					
3.262	Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is: Check all that apply.	\$3,500.00
<u>NISD EDUCATION FOUNDATION</u>			<input type="checkbox"/> Contingent		
<u>4632 NE STALLINGS DR</u>			<input type="checkbox"/> Unliquidated		
			<input type="checkbox"/> Disputed		
			<b>Basis for the claim:</b>		
			<u>Marketing</u>		
			Is the claim subject to offset?		
			<input checked="" type="checkbox"/> No		
			<input type="checkbox"/> Yes		
<b>Marketing</b>					
3.263	Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is: Check all that apply.	\$48,462.10
<u>NOVARAD CORP</u>			<input type="checkbox"/> Contingent		
<u>PO BOX 859</u>			<input type="checkbox"/> Unliquidated		
			<input type="checkbox"/> Disputed		
			<b>Basis for the claim:</b>		
			<u>Radiology Software</u>		
			Is the claim subject to offset?		
			<input checked="" type="checkbox"/> No		
			<input type="checkbox"/> Yes		
<b>Radiology Software</b>					
3.264	Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is: Check all that apply.	\$29,716.78
<u>NUTECH INC</u>			<input type="checkbox"/> Contingent		
<u>1301 CLINIC DRIVE</u>			<input type="checkbox"/> Unliquidated		
			<input type="checkbox"/> Disputed		
			<b>Basis for the claim:</b>		
			<u>Supplies-Radioactive materials</u>		
			Is the claim subject to offset?		
			<input checked="" type="checkbox"/> No		
			<input type="checkbox"/> Yes		
<b>Supplies-Radioactive materials</b>					

**Part 2: Additional Page**

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Amount of claim

<b>3.265</b>	Nonpriority creditor's name and mailing address  <u>OAK FARMS DAIRY</u> <u>SUIZA DALLAS</u> <u>P O BOX 676010</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$5,105.46</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<b>Basis for the claim:</b> <u>Dietary - Food Supplies</u>			
Is the claim subject to offset?			
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>Dietary - Food Supplies</b>			
<b>3.266</b>	Nonpriority creditor's name and mailing address  <u>OFFICE FURNITURE WAREHOUSE</u> <u>602 N BONNER ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$3,939.00</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<b>Basis for the claim:</b> <u>Office Supplies</u>			
Is the claim subject to offset?			
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>Office Supplies</b>			
<b>3.267</b>	Nonpriority creditor's name and mailing address  <u>Olin Fearing, MD</u> <u>4628 N. University Dr.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$4,400.00</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<b>Basis for the claim:</b> <u>Services</u>			
Is the claim subject to offset?			
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>3.268</b>	Nonpriority creditor's name and mailing address  <u>OLYMPUS AMERICA INC (LAB)</u> <u>48 WOERD AVENUE</u> <u>SUITE 105</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$3,660.39</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<b>Basis for the claim:</b> <u>Supplies - Medical</u>			
Is the claim subject to offset?			
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>Supplies - Medical</b>			

**Part 2: Additional Page**

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Amount of claim

<b>3.269</b>	Nonpriority creditor's name and mailing address  <u>OMNICELL INC</u> <u>PO BOX 204650</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$77,555.41
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Supplies - Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>DALLAS</u> <u>TX</u> <u>75320-4650</u>	<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<b>Supplies - Medical</b>		
<b>3.270</b>	Nonpriority creditor's name and mailing address  <u>OMNILERT LLC</u> <u>PO BOX 178570</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$8,210.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Software</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>SAN DIEGO</u> <u>CA</u> <u>92177</u>	<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<b>Software</b>		
<b>3.271</b>	Nonpriority creditor's name and mailing address  <u>OPTUM EXECUTIVE HEALTH RES</u> <u>PO BOX 84019</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$31,309.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Case Management Software</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>CHICAGO</u> <u>IL</u> <u>60689</u>	<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<b>Case Management Software</b>		
<b>3.272</b>	Nonpriority creditor's name and mailing address  <u>OPTUS INC</u> <u>3423 ONE PLACE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$22.10
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Supplies</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>JONESBORO</u> <u>AR</u> <u>72404</u>	<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<b>Supplies</b>		

**Part 2: Additional Page**

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Amount of claim

<b>3.273</b>	Nonpriority creditor's name and mailing address  <u>ORASURE TECHNOLOGIES INC</u> <u>PO BOX 780518</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$3,261.00</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 <u>PHILADELPHIA</u> PA    19178-0518		Basis for the claim: <u>Supplies-Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Supplies-Medical</b>			
<b>3.274</b>	Nonpriority creditor's name and mailing address  <u>ORKIN OF THE PINES</u> <u>DBA ORKIN OF THE PINES</u> <u>12649 SH 30</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$5,674.64</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 <u>COLLEGE STATION</u> TX    77045		Basis for the claim: <u>Exterminating</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Exterminating</b>			
<b>3.275</b>	Nonpriority creditor's name and mailing address  <u>OUTSET MEDICAL INC</u> <u>3052 ORCHARD DRIVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$42,380.00</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 <u>SAN JOSE</u> CA    95134		Basis for the claim: <u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Supplies - Medical</b>			
<b>3.276</b>	Nonpriority creditor's name and mailing address  <u>PARAGARD DIRECT</u> <u>12601 COLLECTION CENTER DRIVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$8,961.00</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 <u>CHICAGO</u> IL    60693		Basis for the claim: <u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Supplies - Medical</b>			

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Amount of claim

<b>3.277</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$10,082.78
<u>PARTS TOWN LLC</u>		<input type="checkbox"/> Contingent	
<u>27787 NETWORK PLACE</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 <u>CHICAGO</u> <u>IL</u> <u>60673</u>		 Basis for the claim: <u>Repairs &amp; Maintenance</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Repairs &amp; Maintenance</b>			
<b>3.278</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$35,849.73
<u>PARTSOURCE LLC</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 645186</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 <u>CINCINNATI</u> <u>OH</u> <u>45264</u>		 Basis for the claim: <u>Repairs &amp; Maintenance</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Repairs &amp; Maintenance</b>			
<b>3.279</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$550.00
<u>PATIENT TELEPHONE SUPPLY LLC</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 84372</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 <u>BATON ROUGE</u> <u>LA</u> <u>70884</u>		 Basis for the claim: <u>Repairs &amp; Maintenance</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Repairs &amp; Maintenance</b>			
<b>3.280</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
<u>Patton Brothers</u>		<input type="checkbox"/> Contingent	
<u>Attn: Florence Patton</u>		<input type="checkbox"/> Unliquidated	
<u>412 Bostwick St.</u>		<input type="checkbox"/> Disputed	
 <u>Nacogdoches</u> <u>TX</u> <u>75965</u>		 Basis for the claim: <u>Lease</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	

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Amount of claim

<b>3.281</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$13,747.75
<u>PC CONNECTIONS SALES CORP</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 536472</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Information Systems - Equipment</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Information Systems - Equipment</b>			
<b>3.282</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$373.57
<u>PERFORMANCE HEALTH (PATTERSON)</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 93040</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Employee Education</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Employee Education</b>			
<b>3.283</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,643.11
<u>PEVCO SYSTEMS INTERNATIONAL INC</u>		<input type="checkbox"/> Contingent	
<u>1401 TANGIER DRIVE</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Supplies - Medical</b>			
<b>3.284</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,802.52
<u>PFIZER INC</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 417510</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Supplies - Medical</b>			

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Amount of claim

<b>3.285</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$1,140.00</b>
<u>PG EXTRAORDINARIES LLC</u> <u>15584 SW THRUSH LN</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
 <u>BEAVERTON</u> <u>OR</u> <u>97007</u>		<b>Basis for the claim:</b> <u>Consulting Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>6</u> <u>0</u> <u>3</u> <u>9</u>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Consulting Services</b>			
<b>3.286</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$5,632.26</b>
<u>PHYSICIAN SELECT MANAGEMENT</u> <u>318 N CARSON ST. SUITE 214</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
 <u>CARSON CITY</u> <u>NV</u> <u>89701</u>		<b>Basis for the claim:</b> <u>NMPG- Software</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5</u> <u>9</u> <u>1</u> <u>1</u>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>NMPG- Software</b>			
<b>3.287</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$6,116.25</b>
<u>PHYSICIANS TRUST AKA URO HEALTH</u> <u>PO BOX 776953</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
 <u>CHICAGO</u> <u>IL</u> <u>60677</u>		<b>Basis for the claim:</b> <u>NMPG- Software</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5</u> <u>3</u> <u>4</u> <u>2</u>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>NMPG- Software</b>			
<b>3.288</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$400.00</b>
<u>PIONEER RX</u> <u>PO BOX 53407</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
 <u>SHREVEPORT</u> <u>LA</u> <u>71135</u>		<b>Basis for the claim:</b> <u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>2</u> <u>0</u> <u>7</u> <u>0</u>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Supplies - Medical</b>			

**Part 2: Additional Page**

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Amount of claim

<b>3.289</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$2,432.18</b>
<u>PITNEY BOWES GLOBAL FINANCIAL SVS LLC</u> <u>PO BOX 371887</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>PITTSBURGH</u> <u>PA</u> <u>15250</u>		Basis for the claim: <u>Postage &amp; Shipping</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Postage &amp; Shipping</b>			
<b>3.290</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$6,486.75</b>
<u>PRECISION DYNAMICS CORP</u> <u>PO BOX 71549</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>CHICAGO</u> <u>IL</u> <u>60694</u>		Basis for the claim: <u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Supplies - Medical</b>			
<b>3.291</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$3,139.25</b>
<u>PREFERRED MEDICAL SYSTEM LLC</u> <u>1921 APPLING ROAD</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>CORDOVA</u> <u>TN</u> <u>38016</u>		Basis for the claim: <u>Equipment Rent/Lease</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Equipment Rent/Lease</b>			
<b>3.292</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$34,611.09</b>
<u>PREMIER HEALTHCARE SOLUTIONS</u> <u>5882 COLLECTIONS CENTER</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>CHICAGO</u> <u>IL</u> <u>60693</u>		Basis for the claim: <u>Software- Mindy</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Software- Mindy</b>			

**Part 2: Additional Page**

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Amount of claim

<b>3.293</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$76,383.23
<u>PREMIER SOFTWARE ASSOC INC</u>		<input type="checkbox"/> Contingent	
<u>997 WEST 950 NORTH</u>		<input type="checkbox"/> Unliquidated	
<u>SUITE 200</u>		<input type="checkbox"/> Disputed	
 <u>CENTERVILLE</u> UT    84014		 Basis for the claim: <u>Software-Mindy</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
 Software-Mindy			
<b>3.294</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$94.00
<u>PRODIGY HEALTH SUPPLIER CORP</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 679826</u>		<input type="checkbox"/> Unliquidated	
<u></u>		<input type="checkbox"/> Disputed	
 <u>DALLAS</u> TX    75267		 Basis for the claim: <u>Pharmaceuticals</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
 Pharmaceuticals			
<b>3.295</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$43,086.52
<u>PROPATH LABORATORY</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 678175</u>		<input type="checkbox"/> Unliquidated	
<u></u>		<input type="checkbox"/> Disputed	
 <u>DALLAS</u> TX    75267-8175		 Basis for the claim: <u>Services- Path Lab</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
 Services- Path Lab			
<b>3.296</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$21,850.00
<u>PULSARA</u>		<input type="checkbox"/> Contingent	
<u>2880 TECHNOLOGY BLVD WEST</u>		<input type="checkbox"/> Unliquidated	
<u>SUITE 183</u>		<input type="checkbox"/> Disputed	
 <u>BOZEMAN</u> MT    59718		 Basis for the claim: <u>Services-Facilities</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
 Services-Facilities			

**Part 2: Additional Page**

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Amount of claim

<b>3.297</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$19,552.65
<u>PURCHASE POWER (PITNEY BOWES)</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 981026</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Postage &amp; Shipping</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Postage &amp; Shipping</b>			
<b>3.298</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,728.25
<u>PURVIS BEARING SERVICE</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 540757</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Repairs &amp; Maintenance</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Repairs &amp; Maintenance</b>			
<b>3.299</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,620.78
<u>QIAGEN NORTH AMERICAN HOLDINGS</u>		<input type="checkbox"/> Contingent	
<u>19300 GERMANTOWN ROAD</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Supplies- Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Supplies- Medical</b>			
<b>3.300</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$6,029.98
<u>QUADMED INC</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 550773</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Supplies - Medical</b>			

**Part 2: Additional Page**

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3.301 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Amount of claim
<u>QUEST DIAGNOSTICS NMH &amp; CPU</u> <u>PO BOX 677960</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$56,379.55</u>
<u>DALLAS</u> <u>TX</u> <u>75267</u>	<b>Basis for the claim:</b> <u>Lab Services</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Lab Services</b>		
3.302 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,189.68
<u>QUEST DIAGNOSTICS OHRS DOT</u> <u>PO BOX 740709</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>ATLANTA</u> <u>GA</u> <u>30374</u>	<b>Basis for the claim:</b> <u>Lab Services</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Lab Services</b>		
3.303 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$6,409.28
<u>QUINTECH INC</u> <u>PO BOX 3488</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>TUPLEO</u> <u>MS</u> <u>38803</u>	<b>Basis for the claim:</b> <u>Repairs &amp; Maintenance</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Repairs &amp; Maintenance</b>		
3.304 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$5,995.20
<u>QuVa PHARMA INC</u> <u>PO BOX 120142</u> <u>DEPT 0142</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>DALLAS</u> <u>TX</u> <u>75312</u>	<b>Basis for the claim:</b> <u>Pharmacy Services</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Pharmacy Services</b>		

**Part 2: Additional Page**

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Amount of claim

<b>3.305</b>	Nonpriority creditor's name and mailing address  <u>Rachel Head, MD</u> <u>617 Russell Blvd</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$5,200.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
<b>3.306</b>	Nonpriority creditor's name and mailing address  <u>RADIOLOGY CONSULTANTS</u> <u>PO BOX 632728</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$40,175.76
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Physician Call / Directorships</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	Physician Call / Directorships		
<b>3.307</b>	Nonpriority creditor's name and mailing address  <u>RECORD SPACE</u> <u>PO BOX 3539</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$18,553.48
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Records Storage</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	Records Storage		
<b>3.308</b>	Nonpriority creditor's name and mailing address  <u>REED, CLAYMON, MEEKER &amp; HARGET</u> <u>5608 PARKCREST DRIVE</u> <u>SUITE 200</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$68,725.08
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Attorney</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	Attorney		

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Amount of claim

<b>3.309</b>	Nonpriority creditor's name and mailing address  <u>RELATIENT INC</u> <u>PO BOX 778721</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$201.96
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	 <u>CHICAGO</u> <u>IL</u> <u>60677</u>	Basis for the claim: <u>NMPG- Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>NMPG- Services</u>		
<b>3.310</b>	Nonpriority creditor's name and mailing address  <u>REMEL INC</u> <u>PO BOX 96299</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$328.39
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	 <u>CHICAGO</u> <u>IL</u> <u>60693</u>	Basis for the claim: <u>Supplies- Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>Supplies- Medical</u>		
<b>3.311</b>	Nonpriority creditor's name and mailing address  <u>RETAIL ACQUISITION &amp; DEVELOPMENT, INC.</u> <u>4301 121ST STREET</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,732.90
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	 <u>URBANDALE</u> <u>IA</u> <u>50323</u>	Basis for the claim: <u>Supplies- Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>Supplies- Medical</u>		
<b>3.312</b>	Nonpriority creditor's name and mailing address  <u>Richard Baker, MD</u> <u>1301 Raguet St.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	 <u>Nacogdoches</u> <u>TX</u> <u>75965</u>	Basis for the claim: <u>Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

<b>3.313</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$47.50
<u>RINGRX LLC</u> <u>114 E HALEY STREET</u> <u>SUITE L</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>SANTA BARBARA</u> CA    93101		Basis for the claim: <u>Phones</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Phones			
<b>3.314</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$487.70
<u>RITTER LUMBER</u> <u>PO BOX 1265</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>NEDERLAND</u> TX    77627		Basis for the claim: <u>Repairs &amp; Maintenance</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Repairs & Maintenance			
<b>3.315</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$5,327.71
<u>ROCHE DIAGNOSTICS CORP</u> <u>PO BOX 660367</u> <u>MAIL CODE 5021</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>DALLAS</u> TX    75266		Basis for the claim: <u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Supplies - Medical			
<b>3.316</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,396.67
<u>RODZILLA GRAPHICS INC</u> <u>807 South Street</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>NACOGDOCHES</u> TX    75965		Basis for the claim: <u>Marketing</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Marketing			

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Amount of claim

<b>3.317</b>	Nonpriority creditor's name and mailing address  <u>SAGE SERVICES GROUP LLC</u> <u>506 DEANNA LANE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,350.00</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Repairs &amp; maintenance</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<b>Repairs &amp; maintenance</b>		
<b>3.318</b>	Nonpriority creditor's name and mailing address  <u>SALESFORCE, INC.</u> <u>415 MISSION STREET, 3RD FLOOR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$19,475.00</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Marketing</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<b>Marketing</b>		
<b>3.319</b>	Nonpriority creditor's name and mailing address  <u>SANOFI PASTUER</u> <u>12458 COLLECTIONS CENTER DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>(\$6,150.94)</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Supplies- Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<b>Supplies- Medical</b>		
<b>3.320</b>	Nonpriority creditor's name and mailing address  <u>SCC Soft Computer</u> <u>5400 Tech Data Dr.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$357,110.54</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Lab Software, Hardware Mtn. Interface</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

<b>3.321</b>	Nonpriority creditor's name and mailing address  <u>SCI Solutions</u> <u>PO Box 735381</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$164,922.04
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Patient Scheduling Software</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
<b>3.322</b>	Nonpriority creditor's name and mailing address  <u>SEA SPINE INC.</u> <u>2302 LA MIRAND DR.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$28,271.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Supplies - Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	Supplies - Medical		
<b>3.323</b>	Nonpriority creditor's name and mailing address  <u>SECURITY SHREDDING</u> <u>PO BOX 3539</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$6,622.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Shredding Service</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	Shredding Service		
<b>3.324</b>	Nonpriority creditor's name and mailing address  <u>SENTACT LLC</u> <u>2500 W HIGGINS ROAD</u> <u>SUITE 150</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$6,000.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Compliance Software</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	Compliance Software		

**Part 2: Additional Page**

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Amount of claim

<b>3.325</b> Nonpriority creditor's name and mailing address <u><b>SENTINEL TECHNOLOGIES INC</b></u> <u>2550 WARRENVILLE ROAD</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$50,360.24</b>
<b>Basis for the claim:</b> <u><b>Equipment Rent/Lease</b></u>		
Date or dates debt was incurred _____ Last 4 digits of account number <u>5 9 9 6</u>		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Equipment Rent/Lease</b>		
<b>3.326</b> Nonpriority creditor's name and mailing address <u><b>SHARON C TOUCHETTE</b></u> <u>7169 COUNTY ROAD 302</u>		
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$2,180.50</b>
<b>Basis for the claim:</b> <u><b>NACOGDOCHES</b></u> <u>TX</u> <u>75961</u>		
Date or dates debt was incurred _____ Last 4 digits of account number <u>2 9 7 3</u>		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>3.327</b> Nonpriority creditor's name and mailing address <u><b>SHERWIN WILLIAMS</b></u> <u>2715 NORTH STREET</u>		
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$1,294.23</b>
<b>Basis for the claim:</b> <u><b>Repairs &amp; Maintenance</b></u>		
Date or dates debt was incurred _____ Last 4 digits of account number <u>1 5 2 8</u>		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Repairs &amp; Maintenance</b>		
<b>3.328</b> Nonpriority creditor's name and mailing address <u><b>SIEMENS MEDICAL SOLUTIONS USA</b></u> <u>PO BOX 121102</u> <u>DEPT 0733</u>		
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$76,499.62</b>
<b>Basis for the claim:</b> <u><b>Supplies- Medical</b></u>		
Date or dates debt was incurred _____ Last 4 digits of account number <u>1 5 3 1</u>		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Supplies- Medical</b>		

**Part 2: Additional Page**

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3.329 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Amount of claim
<u>SMITH &amp; NEPHEW INC</u> <u>PO BOX 842935</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$29,446.63</u>
<u>DALLAS</u> <u>TX</u> <u>75284-2935</u>	<b>Basis for the claim:</b> <u>Supplies - Medical</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Supplies - Medical</b>		
3.330 Nonpriority creditor's name and mailing address	<u>\$33,185.05</u>	
<u>SMITH &amp; NEPHEW ORTHAPEDICS</u> <u>PO BOX 951605</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>DALLAS</u> <u>TX</u> <u>75395-1605</u>	<b>Basis for the claim:</b> <u>Supplies - Medical</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Supplies - Medical</b>		
3.331 Nonpriority creditor's name and mailing address	<u>\$2,978.55</u>	
<u>SMITH MEDICAL ASD INC</u> <u>PO BOX 7247-7784</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>PHILADELPHIA</u> <u>PA</u> <u>19170-7784</u>	<b>Basis for the claim:</b> <u>Supplies- Medical</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Supplies- Medical</b>		
3.332 Nonpriority creditor's name and mailing address	<u>\$136.79</u>	
<u>SOLAR SUPPLY INC</u> <u>1212 12TH STREET</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>LAKE CHARLES</u> <u>LA</u> <u>70601-6376</u>	<b>Basis for the claim:</b> <u>Repairs &amp; Maintenance</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Repairs &amp; Maintenance</b>		

**Part 2: Additional Page**

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Amount of claim

<b>3.333</b>	Nonpriority creditor's name and mailing address  <u>SOLUTIONZ VIDEOCONFERENCING</u> <u>901 BRINGHAM AVENUE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,948.50</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 Basis for the claim: <u>Software</u>			
 Is the claim subject to offset? <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
 Software			
<b>3.334</b>	Nonpriority creditor's name and mailing address  <u>SOMA TECH INTL INC</u> <u>166 HIGHLAND PARK DRIVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$14,259.82</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 Basis for the claim: <u>Equipment Rent/Lease</u>			
 Is the claim subject to offset? <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
 Equipment Rent/Lease			
<b>3.335</b>	Nonpriority creditor's name and mailing address  <u>SOUTH FLORIDA UTILIZATION REVIEW</u> <u>860 JOHNSON FERRY RD</u> <u>NE #140-390</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,880.00</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 Basis for the claim: <u>Licensing &amp; Fees</u>			
 Is the claim subject to offset? <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
 Licensing & Fees			
<b>3.336</b>	Nonpriority creditor's name and mailing address  <u>SOUTHERN NEURO SPECIALTY LLC</u> <u>PO BOX 459</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,700.00</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 Basis for the claim: <u>Supplies - Medical</u>			
 Is the claim subject to offset? <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
 Supplies - Medical			

**Part 2: Additional Page**

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Amount of claim

<b>3.337</b>	Nonpriority creditor's name and mailing address  <u>SOUTHWEST LITHO II LLC</u> <u>9010 STRADA STELL CT</u> <u>SUITE 103</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$19,250.00</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Supplies - Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>Supplies - Medical</u>		
<b>3.338</b>	Nonpriority creditor's name and mailing address  <u>SPARTAN TOOL LLC</u> <u>25582 NETWORK PLACE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$759.74</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Repairs &amp; Maintenance</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>Repairs &amp; Maintenance</u>		
<b>3.339</b>	Nonpriority creditor's name and mailing address  <u>SPIVEY ANGELA</u> <u>27704 FM 95 S</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$216.67</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>GARRISON</u>	
		<u>TX</u>	<u>75946</u>
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>GARRISON</u>		
<b>3.340</b>	Nonpriority creditor's name and mailing address  <u>SQN Asset Income Fund V, LP</u> <u>100 Arboretum Drive, Suite 105,</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Equipment Lease</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<u>Equipment Lease</u>		

**Part 2: Additional Page**

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		Amount of claim
<b>3.341</b> Nonpriority creditor's name and mailing address  <u>STACY SEAN FOWLER</u> <u>24 CAYMAN COURT</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$15,169.61</u>
 <b>MANHATTAN BEACH</b> CA    90266	Basis for the claim: <u>Employee - Expense Reimb</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Employee - Expense Reimb</b>		
 <b>3.342</b> Nonpriority creditor's name and mailing address  <u>STACY SEAN FOWLER</u> <u>24 CAYMAN COURT</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$2,711.54</u>
 <b>MANHATTAN BEACH</b> CA    90266	Basis for the claim: <u>Wages etc.</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
 <b>3.343</b> Nonpriority creditor's name and mailing address  <u>STAPLES BUSINESS LINK</u> <u>PO BOX 660409</u>		
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$25,728.37</u>	
 <b>DALLAS</b> TX    75266-0409	Basis for the claim: <u>Supplies</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
 Supplies		
 <b>3.344</b> Nonpriority creditor's name and mailing address  <u>STATLAB MEDICAL PRODUCTS</u> <u>PO BOX 678056</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$1,426.88</u>
 <b>DALLAS</b> TX    75267-8056	Basis for the claim: <u>Supplies - Medical</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
 Supplies - Medical		

**Part 2: Additional Page**

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Amount of claim

<b>3.345</b>	Nonpriority creditor's name and mailing address  <u>STEPHEN F. AUSTIN STATE UNIV</u> <u>PO BOX 13053</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$250.00</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Events</u>	
		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>Events</b>			
<b>3.346</b>	Nonpriority creditor's name and mailing address  <u>Stericycle, Inc.</u> <u>PO Box 6575</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$120,379.80</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Medical Waste</u>	
		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>3.347</b>	Nonpriority creditor's name and mailing address  <u>STERLING TALENT SOLUTIONS</u> <u>PO BOX 35626</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$991.61</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Background Checks</u>	
		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>Background Checks</b>			
<b>3.348</b>	Nonpriority creditor's name and mailing address  <u>STREAMLINE TAX SOLUTIONS LP</u> <u>8751 COLLIN MCKINNEY PKWY</u> <u>SUITE 102</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$92.50</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Consulting Services</u>	
		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>Consulting Services</b>			

**Part 2: Additional Page**

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Amount of claim

<b>3.349</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$2,511.38</b>
<u>STRYKER ENDOSCOPY</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 93276</u>		<input type="checkbox"/> Unliquidated	
<u>C/O STRYKER SALES CORPORATION</u>		<input type="checkbox"/> Disputed	
 <u>CHICAGO</u> <u>IL</u> <u>60673-3308</u>		Basis for the claim: <u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Supplies - Medical</b>			
<b>3.350</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$39,460.92</b>
<u>STRYKER MEDICAL</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 93308</u>		<input type="checkbox"/> Unliquidated	
<u>C/O STRYKER SALES CORPORATION</u>		<input type="checkbox"/> Disputed	
 <u>CHICAGO</u> <u>IL</u> <u>60673-3308</u>		Basis for the claim: <u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Supplies - Medical</b>			
<b>3.351</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$82,387.78</b>
<u>STRYKER SALES LLC</u>		<input type="checkbox"/> Contingent	
<u>21343 NETWORK PLACE</u>		<input type="checkbox"/> Unliquidated	
<u>C/O STRYKER SALES CORPORATION</u>		<input type="checkbox"/> Disputed	
 <u>CHICAGO</u> <u>IL</u> <u>60673-1213</u>		Basis for the claim: <u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Supplies - Medical</b>			
<b>3.352</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$1,598.73</b>
<u>SUDDENLINK AKA OPTIMUM</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 70340</u>		<input type="checkbox"/> Unliquidated	
<u>PHILADELPHIA</u> <u>PA</u> <u>19176-0340</u>		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim:	
		<u>Utilities</u>	
Last 4 digits of account number		Is the claim subject to offset?	
<u>3    9    9    9</u>		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Utilities</b>			

**Part 2: Additional Page**

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Amount of claim

<b>3.353</b>	Nonpriority creditor's name and mailing address  <u>SUMMIT FIRE &amp; SECURITY LLC</u> <u>PO BOX 6783</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,908.52
 <u>CAROL STREAM</u> IL      60197-6783		Basis for the claim: <u>Repairs &amp; Maintenance/ Inspection</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>5 9 9 1</u>			
<b>Repairs &amp; Maintenance/ Inspection</b>			
<b>3.354</b>	Nonpriority creditor's name and mailing address  <u>SUPERIOR KITCHEN SERVICES LLC</u> <u>1439 CARROLL RD</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,200.00
 <u>LUFKIN</u> TX      75901		Basis for the claim: <u>Dietary - Food Supplies</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>1 6 6 3</u>			
<b>Dietary - Food Supplies</b>			
<b>3.355</b>	Nonpriority creditor's name and mailing address  <u>SUTTER MEDICAL TECHNOLOGIES</u> <u>120 INTERSTATE N PKWY</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,710.35
 <u>ATLANTA</u> GA      30339		Basis for the claim: <u>Supplies- Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>5 9 3 7</u>			
<b>Supplies- Medical</b>			
<b>3.356</b>	Nonpriority creditor's name and mailing address  <u>SWORD COMPANY INC</u> <u>PO BOX 6365</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$810.59
 <u>TYLER</u> TX      75711		Basis for the claim: <u>Repairs &amp; Maintenance</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>2 1 2 6</u>			
<b>Repairs &amp; Maintenance</b>			

**Part 2: Additional Page**

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		Amount of claim
<b>3.357</b> Nonpriority creditor's name and mailing address  <u>SYMMETRY ENERGY SOLUTIONS</u> <u>9811 KATY FREEWAY</u> <u>SUITE 140</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$19,238.83</b>
<b>HOUSTON</b> TX 77024	Basis for the claim: <u>Utilities</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Utilities</b>		
<b>3.358</b> Nonpriority creditor's name and mailing address  <u>T Waggoner</u> <u>(Employee address on record)</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$45.00</b>
Date or dates debt was incurred	Basis for the claim: <u>Employee expenses reimbursement</u>	
Last 4 digits of account number	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.359</b> Nonpriority creditor's name and mailing address  <u>TACY MEDICAL INC</u> <u>PO BOX 15807</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,598.77</b>
<b>FERNANDIAN BEACH</b> FL 32034	Basis for the claim: <u>Supplies - Medical</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Supplies - Medical</b>		
<b>3.360</b> Nonpriority creditor's name and mailing address  <u>TELADOC HEALTH, INC</u> <u>DEPT 3417, PO BOX 123417</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$50,806.63</b>
<b>DALLAS</b> TX 75312	Basis for the claim: <u>Supplies - Medical</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Supplies - Medical</b>		

**Part 2: Additional Page**

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Amount of claim

<b>3.361</b>	Nonpriority creditor's name and mailing address  <u>TELE-ONE COMM</u> <u>5620 OLD BULLARD RD</u> <u>SUITE 109</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,901.52
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Utilities</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<b>Utilities</b>		
<b>3.362</b>	Nonpriority creditor's name and mailing address  <u>TELEFLEX LLC</u> <u>PO BOX 936729</u> <u>C/O TELEFLEX FUNDING, LLC</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$14,566.96
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Utilities</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<b>Utilities</b>		
<b>3.363</b>	Nonpriority creditor's name and mailing address  <u>TELPLEX COMMUNICATIONS</u> <u>16830 VENTURA BLVD</u> <u>SUITE 350</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,795.14
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Utilities</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<b>Utilities</b>		
<b>3.364</b>	Nonpriority creditor's name and mailing address  <u>TENET HEALTHCARE LTD</u> <u>FILE # 849788</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$13,893.86
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Charity Deductions</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<b>Charity Deductions</b>		

**Part 2: Additional Page**

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Amount of claim

<b>3.365</b>	Nonpriority creditor's name and mailing address  <b>TENNANT COMPANY</b> <b>PO BOX 71414</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,405.40
<b>CHICAGO</b> <b>IL</b> <b>60694-1414</b>		Basis for the claim: <b>Repairs &amp; Maintenance</b>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <b>4 7 1 6</b>			
<b>Repairs &amp; Maintenance</b>			
<b>3.366</b>	Nonpriority creditor's name and mailing address  <b>TERUMO MEDICAL CORP</b> <b>PO BOX 281402</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$12,417.00
<b>ATLANTA</b> <b>GA</b> <b>30384-1402</b>		Basis for the claim: <b>Supplies - Medical</b>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <b>3 9 9 1</b>			
<b>Supplies - Medical</b>			
<b>3.367</b>	Nonpriority creditor's name and mailing address  <b>TEX CAL INVENTORY SERVICE INC</b> <b>PO BOX 6194</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,900.00
<b>KATY</b> <b>TX</b> <b>77491</b>		Basis for the claim: <b>Supplies - Medical</b>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <b>5 4 1 1</b>			
<b>Supplies - Medical</b>			
<b>3.368</b>	Nonpriority creditor's name and mailing address  <b>TEXAS AIRSYSTEMS,LLC</b> <b>6029 W.CAMPUS CIRCLE DR.</b> <b>STE 100</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,906.00
<b>IRVING</b> <b>TX</b> <b>75063</b>		Basis for the claim: <b>Supplies- Facilities</b>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <b>5 9 8 6</b>			
<b>Supplies- Facilities</b>			

**Part 2: Additional Page**

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Amount of claim

<b>3.369</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$13,000.00
<u>TEXAS EMS,TRAUMA &amp; ACUTE FOUND</u>		<input type="checkbox"/> Contingent	
<u>3400 ENFIELD ROAD</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Licenses &amp; Dues</u>	
		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>Licenses &amp; Dues</b>			
<b>3.370</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$10,911.00
<u>TEXAS HOSPITAL ASSOC</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 95353</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Licenses &amp; Dues</u>	
		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>Licenses &amp; Dues</b>			
<b>3.371</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$39,348.78
<u>TEXAS MUTUAL INS COMPANY</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 841843</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Employee Benefits</u>	
		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>Employee Benefits</b>			
<b>3.372</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$100.00
<u>TEXAS WOMAN'S UNIVERSITY</u>		<input type="checkbox"/> Contingent	
<u>304 ADMINISTRATION DRIVE</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Employee Recruitment</u>	
		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>Employee Recruitment</b>			

**Part 2: Additional Page**

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Amount of claim

<b>3.373</b>	Nonpriority creditor's name and mailing address  <u>THE INLINE GROUP LLC</u> <u>1826 LAKEWAY DRIVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$22,750.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Software</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<b>Software</b>		
<b>3.374</b>	Nonpriority creditor's name and mailing address  <u>THERMO FISHER FINANCIAL SVC</u> <u>PO BOX 41602</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,414.80
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Supplies - Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<b>Supplies - Medical</b>		
<b>3.375</b>	Nonpriority creditor's name and mailing address  <u>TIGERCONNECT INC</u> <u>2110 BROADWAY</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$14,981.25
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Software</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<b>Software</b>		
<b>3.376</b>	Nonpriority creditor's name and mailing address  <u>TRANSCRIPTION GEAR INC</u> <u>7280 AUBURN ROAD</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$809.15
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Services- Hart</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<b>Services- Hart</b>		

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Amount of claim

<b>3.377</b>	Nonpriority creditor's name and mailing address  <u>TRI-ANIM HEALTH SVC INC</u> <u>25197 NETWORK PLACE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$1,500.11</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	 <b>CHICAGO</b> <b>IL</b> <b>60673</b>	 Basis for the claim: <b>Supplies - Medical</b>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number <u>1</u> <u>5</u> <u>9</u> <u>7</u>	<input type="checkbox"/> Yes	
	 <b>Supplies - Medical</b>		
<b>3.378</b>	Nonpriority creditor's name and mailing address  <u>TRI-PHARMA INC</u> <u>975 COBB PLACE BLVD, STE 118</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$2,253.20</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	 <b>KENNESAW</b> <b>GA</b> <b>30144</b>	 Basis for the claim: <b>Supplies - Medical</b>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number <u>5</u> <u>7</u> <u>0</u> <u>2</u>	<input type="checkbox"/> Yes	
	 <b>Supplies - Medical</b>		
<b>3.379</b>	Nonpriority creditor's name and mailing address  <u>TRICOR SYSTEMS INC</u> <u>1650 TODD FARM DRIVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$715.16</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	 <b>ELGIN</b> <b>IL</b> <b>60123</b>	 Basis for the claim: <b>Supplies - Medical</b>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number <u>5</u> <u>9</u> <u>8</u> <u>2</u>	<input type="checkbox"/> Yes	
	 <b>Supplies - Medical</b>		
<b>3.380</b>	Nonpriority creditor's name and mailing address  <u>TRISOURCE LLC</u> <u>5465 LEGACY DR</u> <u>STE 650</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$103,725.00</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	 <b>PLANO</b> <b>TX</b> <b>75024</b>	 Basis for the claim: <b>Consulting Services</b>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number <u>4</u> <u>9</u> <u>4</u> <u>4</u>	<input type="checkbox"/> Yes	
	 <b>Consulting Services</b>		

**Part 2: Additional Page**

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Amount of claim

<b>3.381</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$2,831,127.74</b>
<u>TRS Managed Services, LLC</u> <u>5001 Founders Way, Suite L10</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
 <u>Rogers</u> AR      72758		<b>Basis for the claim:</b> <u>Clinical Staffing</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.382</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$5,556.25</b>
<u>TSSI HOLDINGS INC</u> <u>DEPT CH 17717</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
 <u>PALATINE</u> IL      60055-7717		<b>Basis for the claim:</b> <u>Medical Testing</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Medical Testing</b>			
<b>3.383</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$1,972.00</b>
<u>TX DEPT OF STATE HEALTH SERV - X-RAY</u> <u>LOCKBOX-RADIOACTIVE MATERIAL</u> <u>PO BOX 12190</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
 <u>AUSTIN</u> TX      78711-2190		<b>Basis for the claim:</b> <u>Licenses &amp; Dues</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Licenses &amp; Dues</b>			
<b>3.384</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$28,850.00</b>
<u>TX ORGANIZATION OF RURAL &amp; COMM</u> <u>3309 FOREST CREEK DR</u> <u>UNIT 305</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
 <u>ROUND ROCK</u> TX      78664-6168		<b>Basis for the claim:</b> <u>Licenses &amp; Dues</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Licenses &amp; Dues</b>			

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Amount of claim

<b>3.385</b>	Nonpriority creditor's name and mailing address  <u>TYPENEX MEDICAL LLC</u> <u>303 E WACKER DR STE 1200</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$1,263.19</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Supplies - Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<b>Supplies - Medical</b>		
<b>3.386</b>	Nonpriority creditor's name and mailing address  <u>U S POSTAL SERVICE</u> <u>3007 N UNIVERSITY DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$822.00</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Postage &amp; Shipping</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<b>Postage &amp; Shipping</b>		
<b>3.387</b>	Nonpriority creditor's name and mailing address  <u>ULINE</u> <u>PO BOX 88741</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$252.74</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Supplies - Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<b>Supplies - Medical</b>		
<b>3.388</b>	Nonpriority creditor's name and mailing address  <u>UNITED OF OMAHA LIFE INSURANCE COMPANY</u> <u>3300 MUTUAL OF OMAHA PLAZA</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$105,674.57</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Insurance</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	<b>Insurance</b>		

**Part 2: Additional Page**

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Amount of claim

<b>3.389</b>	Nonpriority creditor's name and mailing address  <u>UNIVERSAL TIME EQUIPMENT</u> <u>PO BOX 7279</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$269.54</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Regulatory-Repairs &amp; Maintenance/Inspection</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number <u>2 5 7 2</u>	<input type="checkbox"/> Yes	
	<b>Regulatory-Repairs &amp; Maintenance/Inspection</b>		
<b>3.390</b>	Nonpriority creditor's name and mailing address  <u>UNIVERSITY RENTAL</u> <u>510 E MAIN ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$2,091.18</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Marketing</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number <u>1 6 1 6</u>	<input type="checkbox"/> Yes	
	<b>Marketing</b>		
<b>3.391</b>	Nonpriority creditor's name and mailing address  <u>US ENDOSCOPY</u> <u>PO BOX 676548</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$6,594.89</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Supplies- Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number <u>1 0 7 0</u>	<input type="checkbox"/> Yes	
	<b>Supplies- Medical</b>		
<b>3.392</b>	Nonpriority creditor's name and mailing address  <u>US MED EQUIP LLC</u> <u>PO BOX 4339</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$3,268.64</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Supplies- Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number <u>4 1 8 5</u>	<input type="checkbox"/> Yes	
	<b>Supplies- Medical</b>		

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.393</b>	Nonpriority creditor's name and mailing address  <u>UT HEALTH SAN ANTONIO</u> <u>PO BOX 759</u> <u>MEDICAL SERVICE R&amp;D PLAN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,893.12
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Physician Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>SAN ANTONIO</u> <u>TX</u> <u>78293-0759</u>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
	Last 4 digits of account number		
	<u>1</u> <u>2</u> <u>8</u> <u>3</u>		
	Physician Services		
<b>3.394</b>	Nonpriority creditor's name and mailing address  <u>UTAH MEDICAL PRODUCTS INC</u> <u>7043 SOUTH 300 WEST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,211.67
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Supplies - Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>MIDVALE</u> <u>UT</u> <u>84047</u>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
	Last 4 digits of account number		
	<u>1</u> <u>5</u> <u>5</u> <u>1</u>		
	Supplies - Medical		
<b>3.395</b>	Nonpriority creditor's name and mailing address  <u>VASCULAR SOLUTIONS-TELEFLE</u> <u>PO BOX 936729</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$8,428.74
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Supplies - Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>ATLANTA</u> <u>GA</u> <u>31193-6729</u>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
	Last 4 digits of account number		
	<u>1</u> <u>6</u> <u>2</u> <u>5</u>		
	Supplies - Medical		
<b>3.396</b>	Nonpriority creditor's name and mailing address  <u>VENDOR CREDENTIALING SERVICE LLC</u> <u>315 CAPITOL STREET #100</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$65,734.03
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Software-Cindi</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>HOUSTON</u> <u>TX</u> <u>77002</u>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
	Last 4 digits of account number		
	<u>3</u> <u>8</u> <u>7</u> <u>6</u>		
	Software-Cindi		

**Part 2: Additional Page**

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Amount of claim

<b>3.397</b> Nonpriority creditor's name and mailing address  <u>VERATHON MEDICAL</u> <u>PO BOX 935117</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$795.64</b>
<b>Basis for the claim:</b> <u>Supplies - Medical</u>		
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>2 7 8 3</u>		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Supplies - Medical</b>		
<b>3.398</b> Nonpriority creditor's name and mailing address  <u>Vivek Mangla, MD, PC</u> <u>710 Gaslight Blvd</u> <u>Suite A</u>		
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$2,400.00</b>
<b>Basis for the claim:</b> <u>Services</u>		
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>      </u>		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>3.399</b> Nonpriority creditor's name and mailing address  <u>VOICEBROOK INC</u> <u>1983 MARCUS AVE SUITE 105</u>		
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$17,168.26</b>
<b>Basis for the claim:</b> <u>Services- Facilities</u>		
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>5 8 2 4</u>		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Services- Facilities</b>		
<b>3.400</b> Nonpriority creditor's name and mailing address  <u>VOLCANO CORP</u> <u>PO BOX 100355</u>		
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$74,270.80</b>
<b>Basis for the claim:</b> <u>Services- Candace</u>		
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>1 4 5 2</u>		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Services- Candace</b>		

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.401</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$193.79
<u>VYAIR MEDICAL INC</u>		<input type="checkbox"/> Contingent	
<u>29429 NETWORK PLACE</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 <u>CHICAGO</u> <u>IL</u> <u>60673-1294</u>		 Basis for the claim: <u>Supplies- Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Last 4 digits of account number			
<u>1    0    7    5</u>			
<b>Supplies- Medical</b>			
<b>3.402</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$8,146.00
<u>W L GORE &amp; ASSOCIATES</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 751331</u>		<input type="checkbox"/> Unliquidated	
<u>MEDICAL PRODUCTS DIVISION</u>		<input type="checkbox"/> Disputed	
 <u>CHARLOTTE</u> <u>NC</u> <u>28275</u>		 Basis for the claim: <u>Supplies- Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Last 4 digits of account number			
<u>2    0    4    6</u>			
<b>Supplies- Medical</b>			
<b>3.403</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,830.50
<u>WALLER LANSDEN DORTH &amp; DAV</u>		<input type="checkbox"/> Contingent	
<u>511 UNION STREET STE 2700</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 <u>NASHVILLE</u> <u>TN</u> <u>37219</u>		 Basis for the claim: <u>Legal</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Last 4 digits of account number			
<u>1    9    0    0</u>			
<b>Legal</b>			
<b>3.404</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$27,500.00
<u>WENZEL SPINE, INC</u>		<input type="checkbox"/> Contingent	
<u>1130 RUTHERFORD LANE</u>		<input type="checkbox"/> Unliquidated	
<u>SUITE 200</u>		<input type="checkbox"/> Disputed	
 <u>AUSTIN</u> <u>TX</u> <u>78753</u>		 Basis for the claim: <u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Last 4 digits of account number			
<u>5    9    0    1</u>			
<b>Supplies - Medical</b>			

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.405</b>	Nonpriority creditor's name and mailing address  <u>WERFEN USA LLC</u> <u>PO BOX 347934</u> <u>PITTSBURGH, PA 15251-493</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$46,576.83</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Supplies - Medical</b>			
<b>3.406</b>	Nonpriority creditor's name and mailing address  <u>William Hairston, DO</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$5,248.00</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>3.407</b>	Nonpriority creditor's name and mailing address  <u>WINDER'S SALES &amp; SVC</u> <u>PO BOX 635141</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$6,582.92</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Supplies- Facilities</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Supplies- Facilities</b>			
<b>3.408</b>	Nonpriority creditor's name and mailing address  <u>WINDSTREAM</u> <u>PO BOX 9001908</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$154.13</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Utilities</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>Utilities</b>			

**Part 2: Additional Page**

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Amount of claim

<b>3.409</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$196,129.24
<u>Wipfli, LLP</u> <u>PO Box 3160</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
 <u>Milwaukee</u> WI      53201		<b>Basis for the claim:</b> <u>Former Proj. Mgr. for Electronic Health Record</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.410</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$42,341.11
<u>XEROX CORPORATION</u> <u>PO BOX 802555</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
 <u>CHICAGO</u> IL      60680-2555		<b>Basis for the claim:</b> <u>Equipment Rent/Lease</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Equipment Rent/Lease</b>			
<b>3.411</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$22,565.70
<u>XTANT MEDICAL, INC</u> <u>DEPT CH 16872</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
 <u>PALATINE</u> IL      60055-6872		<b>Basis for the claim:</b> <u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Supplies - Medical</b>			
<b>3.412</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$162,945.48
<u>Young's Professional Svc</u> <u>200 Greenleaves Blvd., Suite 5</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
 <u>Mandeville</u> LA      70448		<b>Basis for the claim:</b> <u>Anesthesia Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

<b>3.413</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$13,750.00
<u>ZAVATION, LLC</u> <u>220 LAKELAND PKWY</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
 <u>FLOWOOD</u> MS 39232		Basis for the claim: <u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Supplies - Medical			
<b>3.414</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,239.92
<u>ZEPTOMETRIX LLC</u> <u>14957 COLLECTION CENTER DRIVE</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
 <u>CHICAGO</u> IL 60693-0149		Basis for the claim: <u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Supplies - Medical			
<b>3.415</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$47,769.60
<u>ZIMMER</u> <u>PO BOX 840166</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
 <u>DALLAS</u> TX 75284-0166		Basis for the claim: <u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Supplies - Medical			
<b>3.416</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,490.77
<u>ZIRMED INC</u> <u>1311 SOLUTIONS CENTER</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
 <u>CHICAGO</u> IL 60677-1311		Basis for the claim: <u>Billing Software</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Billing Software			

**Part 2: Additional Page**

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Amount of claim

3.417	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$13,710.69
<u>ZOLL MEDICA</u> <u>PO BOX 27028</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>NEW YORK</u> <u>NY</u> <u>10087-7028</u>		Basis for the claim: <u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
Supplies - Medical			

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

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5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	5a. <u>\$0.00</u>
5b. Total claims from Part 2	5b. + <u>\$12,823,320.86</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. <u>\$12,823,320.86</u>

**Fill in this information to identify the case:**

Debtor name Lion Star Nacogdoches Hospital, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number 23-43535-mxm11 Chapter 11

Check if this is an amended filing

**Official Form 206G**

**Schedule G: Executory Contracts and Unexpired Leases**

**12/15**

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

- No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest  
See attached Addendum 4

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

See attached Addendum 4  
\_\_\_\_\_  
\_\_\_\_\_

## Addendum 4

### SCHEDULE G ATTACHMENT

#### Executory Contracts and Unexpired Leases

Counter-Party Name	Description of Contract or Lease	Address
3DR Labs, LLC	Purchased Services Agreement	1941 BISHOP LANE SUITE 807, LOUISVILLE,KY 40218
3M	Master Software and Services Agreement - Amendment - July 2023	PO BOX 120881, DALLAS,TX 75312-0881
Abbott	Accu Chek Glucometers June 30, 2023	PO BOX 92679, CHICAGO,IL 60675-2679
Abbott	Comprehensive Service Plan Agreement - iSTATE 1 Analyzer - August 8, 2023	PO BOX 92679, CHICAGO,IL 60675-2679
Abbott	Service Plan Agreement - i STAT Analyzer - August 8, 2023	PO BOX 92679, CHICAGO,IL 60675-2679
Abbott	i-STAT comprehensive service plan agreement	PO BOX 92679, CHICAGO,IL 60675-2679
Abbott Rapid	Distributor Purchase Agreement - November 4, 2022	PO BOX 92679, CHICAGO,IL 60675-2679
Abbott Rapid	License Agreement - June 30, 2023	PO BOX 92679, CHICAGO,IL 60675-2679
Abbott Rapid Diagnostics Informatics, Inc.	Roche Glu7cose License Agreement - June 30, 2023	PO BOX 92679, CHICAGO,IL 60675-2679
Abbott Vascular	Inventory Stocking Agreement - October 6, 2022	PO BOX 92679, CHICAGO,IL 60675-2679
Abiomed, Inc.	Service Agreement	PO BOX 6214, BOSTON,MA 02122-6214
ACL OP500	Service Agreement - March 12, 2023	180 HARTWELL ROAD BEDFORD MA 01730
Administrative Fiduciary Services Inc.	Contract - 401-K Plan - December 9, 2022	10777 NORTHWEST FREEWAY STE450, HOUSTON,TX 77092
Advanced Medical Resources, LLC	Agreement	PO BOX 731969, DALLAS,TX 75373
Aetna	Payor Agreement	PO BOX 91507 ARLINGTON TX 76015
Ahammed Hashim, MD	Medical Director Cerner Community Works - March 7, 2023	1209 N MOUND ST NACOGDOCHES TX 75961
Allegiance Mobile Health	Transfer Agreement - March 1, 2022	1702 N LEXINGTON BLVD CORPUS CHRISTI TX 78409
American College of Radiology	NDR Agreement - July 13, 2015	1891 PRESTON WHITE DRIVE, RESTON,VA 20191-4397 US
American Heart Association	Agreement for participation in association - January 4, 2023	7272 GREENVILLE AVENUE DALLAS TX 75231
American Medical Foundation	Peer Review Retention Agreement - September 10, 2015	75 REMITTANCE DR STE 1413, CHICAGO,IL 60675-1413
Amerigroup Thru Multiplan TX True Choice Network	Agreement for Insurance Payor	PO BOX 62947 VIRGINIA BEACH VA 23466-2947
Amy Huggins, MD	On Call Agreement - August 1, 2023	3614 N UNIVERSITY DR, NACOGDOCHES, TX 75965
Andrew Hurst, MD	Orthopedic Call Coverage - August 1, 2023	3616 N UNIVERSITY DRIVE, NACOGDOCHES, TX 75965
Angelina Surgical Associates	General Surgery Call Agreement - January 1, 2023	302 MEDICAL PARK DRIVE STE 101 LUFKIN TX 75904
APEX Revenue Recovery Inc	Liability Agreement - April 1, 2020	ATTN: WENDY BAZA1230 VENUS ST, CEDAR HILL,TX 75104
Applied Statistics and Management, Inc	Subscription and Service Agreement- May 13, 2023	PO BOX 2738, TEMECULA,CA 92593-2738
Ascend	Services Agreement - October 15, 2022	P O BOX 45021, SAN FRANCISCO,CA 94145
Barkocy, Gary	DO Call Agreement	409 RUSSELL BLVD A NACOGDOCHES TX 75965
BCBS	Institution Agreement - February 1, 2023	ATTN: 6506151501 N PLANO RD, STE 100, RICHARDSON,TX 75081
BCBS	Administrative Services Agreement - July 1, 2022	ATTN: 6506151501 N PLANO RD, STE 100, RICHARDSON,TX 75081
BCBS	Payor Agreement	ATTN: 6506151501 N PLANO RD, STE 100, RICHARDSON,TX 75081
BCBS TriWest	Agreement for Insurance Payor	ATTN: 6506151501 N PLANO RD, STE 100, RICHARDSON,TX 75081
BD Alaris	Software Management Services - November 19, 2022	25565 NETWORK PLACE CHICAGO IL 60673-1255
Beckman Coulter	DXS Service Agreement - November 2, 2022	DEPT CH 10164, PALATINE,IL 60055-0164
Beckman Coulter	Purchase Service Agreement - June 28, 2017	DEPT CH 10164, PALATINE,IL 60055-0164
Beckman Coulter	Allegra X30 - Centrifuge Service Agreement - June 29,2023	DEPT CH 10164, PALATINE,IL 60055-0164
Beckman Coulter	Life Sciences Service Agreement for Allegra X22	DEPT CH 10164, PALATINE,IL 60055-0164
Benjamin Thompson, MD	OBGYN Call Agreement - July 29, 2019	4800 NE STALLINGS DR STE 106, NACOGDOCHES,TX 75965
BHS Physicians Network, Inc	General Surgery On-Call Service Agreement - June 13, 2023	203 E MAIN ST, NACOGDOCHES,TX 75965
BHS Physicians Network, Inc	Orthopedic Surgery On-Call Service Agreement - February 15, 2022	203 E MAIN ST, NACOGDOCHES,TX 75965
BHS Physicians Network, Inc.	Cardiology On-Call Services Agreement - March 4, 2022	203 E MAIN ST, NACOGDOCHES,TX 75965
Binusha Moitheennazima, M.D.	Pulmonology On Call Agreement - October 29, 2019	1209 N MOUND ST NACOGDOCHES TX 75961
BioMerieux	BioFire Extended Warranty - June 26, 2023	PO BOX 500308, ST LOUIS,MO 63150-0308
Biomerieux	Service Agreement Bact ALERT 3D System - December 15 2023	PO BOX 500308, ST LOUIS,MO 63150-0308
Biomerieux	Service Agreement Quote - Full Service Plan - November 7, 2022 to November 6, 2023	PO BOX 500308, ST LOUIS,MO 63150-0308
BioMerieux	Service Agreement Quote - September 26, 2022	PO BOX 500308, ST LOUIS,MO 63150-0308
Biomerieux	Service Agreement VITEK 2 Compact - December 15, 2023	PO BOX 500308, ST LOUIS,MO 63150-0308
BioTronik	Exhibit B - April 25, 2022	PO BOX 205421, DALLAS,TX 75320-5421
BioTronik	Exhibit B - September 12, 2022	PO BOX 205421, DALLAS,TX 75320-5421

**SCHEDULE G ATTACHMENT**  
**Executory Contracts and Unexpired Leases**

Counter-Party Name	Description of Contract or Lease	Address
BKD	Accountant Scope of Services - May 25, 2022	510 N VALLEY MILLSSTE 200, WACO,TX 76710
Block Imaging	3D Tomo Digital Mammography Service Agreement	1845 CEDAR STREET, HOLT,MI 48842
Brain Drake, MD	Maternal Medical Director - September 15, 2022	1018 NORTH MOUND ST., STE. 205, NACOGDOCHES,TX 75965
Brain Drake, MD	OBGYN On Call Agreement - June 10, 2022	1018 NORTH MOUND ST., STE. 205, NACOGDOCHES,TX 75965
Brenda Bowman Motes	3604 Lawson Parkway Lease	105 GRANDVIEW BLVD, MONTGOMERY,TX 77356
Brian Glymph MD	OBGYN Call Agreement - July 1, 2020	4800 NORTHEAST STALLING DR., STE/ 106, NACOGDOCHES,TX 75965
Canon Medical Systems	Service Agreement - January 27, 2022	2441 Michelle Drive, Tustin,CA 92780
CAPS IV	Services Agreement - June 1, 2023	824 12th Avenue, Bethlehem,PA 18018 US
Capstone Personnel Services, Inc.	Agency Agreement - November 28, 2022	1415 TROUP HIGHWAY TYLER TX 75701
Cardinal Health	Vascular Product Consignment Agreement - November 30, 2022	DEPT CH 19348, PALATINE,IL 60055-9348
CareFusion	Master Agreement	25146 NETWORK PLACE, CHICAGO,IL 60673-1250
CCH incorporated Wolters Kluwer	Master Agreement	2700 LAKE COOK ROAD RIVERWOODS IL 60015-3867
Centerpoint Energy	Electric Agreement	PO BOX 4981, HOUSTON,TX 77210-4981
CenterPoint Energy Gas	Gas Sales Agreement - August 06, 2019	PO BOX 4981, HOUSTON,TX 77210-4981
Cerner	Direct HISp - October 5, 2022	PO BOX 959156, ST LOUIS,MO 63195-9156
Change Healthcare - Interqual, Inc.	Click Through Purchase Agreement - October 2, 2023	424 CHURCH ST SUITE 1400 NASHVILLE TN 37219
Charles Page, MD	General Surgery Call Agreement - May 1, 2022	1320 N UNIVERSITY DR SUITE A, NACOGDOCHES,TX 76961
Christopher Ihionkhan, M.D.	NICU Supervision Agreement - February 27, 2022	818 N 4TH ST, LONGVIEW,TX 75601
Christus - Tyler & Longview	Patient Transfer Agreement - May 15, 2023	919 HIDDEN RIDGE DR., IRVING,TX 75038
Christus Good Shepherd & Mother Frances	Patient Transfer Agreement - May 15, 2023	919 HIDDEN RIDGE DRIVE, IRVING,TX 75038
Cigna HealthCare of Texas	Hospital Services Agreement - November 1, 2023	2800 N LOOP W SUITE 700 HOUSTON TX 77092
CIOX	Agreement for Service - May 21, 2015	PO BOX 409669, ATLANTA,GA 30384
Clifton Thomas MD	Locum Tenens General Surgery Coverage - April 27, 2022	5718 W WESTHEIMER, HOUSTON,TX 77056
Cloudmed Solutions, LLC	Automation Licensing Service Order - November 7, 2022	ATTN: ACCOUNTS RECEIVABLEPO BOX 208272, DALLAS,TX 75320-8272
Coffey Communications, Inc.	Agreement - February 15, 2023	1505 BUSINESS ONE CIRCLE, WALLA WALLA,WA 99362
Coffey Communications, Inc.	Time and Materials Agreement - August 15, 2022	1505 BUSINESS ONE CIRCLEWALLA WALLA,WA 99362
Common Cents Solutions	System Quotation & Agreement - 2023	6380 I-55 N STE 160, JACKSON,MS 39211
Common Spirit Health	June 20, 2023 - Patient Transfer Agreement	6624 FANNIN ST SUITE 1190 HOUSTON TX 77030
Communicare Technology, Inc. - Pulsara	Amendment to the Master Agreements - August 11, 2022	2880 TECHNOLOGY BLVD WEST SUITE 183, BOZEMAN,MT 59718
Comp Health	Retained Search Agreement - December 8, 2022	P.O. BOX 972651, DALLAS,TX 75397 US
CompHealth	OBGYN Search Agreement - November 23, 2022	P.O. BOX 972651, DALLAS,TX 75397 US
CompHealth	Contingency Search Agreement	P.O. BOX 972651, DALLAS,TX 75397 US
Complete Care	Service Agreement - May 10, 2016	PO BOX 23840 LITTLE ROCK AR 72221
Compliance Line, Inc.	Agreement - June 12, 2014	8615 CLIFF CAMERON DR STE 290, CHARLOTTE,NC 28269
Comprehensive Pharmacy Services	Agreement for pharmacy supplies/medication/services	6409 QUAIL HOLLOW RD, MEMPHIS,TN 38120
Conexus	Agreement for staffing agency - March 31, 2021	5001 W. FOUNDERS WAY, SUITE L10, ROGERS,AR 72758 US
Cooksey Marcin, PLLC	Engagement Agreement - November 17, 2022	25511 BUDDE ROAD, SUITE 2202, THE WOODLANDS,TX 77380 US
Core Sound Imaging, Inc	Service Agreement	5510 SIX FORKS RD STE 200, RALEIGH,NC 27609
Corpra Care Inc	Agreement - January 31, 2020	1011 HIGHWAY SIX SOUTH STE 309 HOUSTON TX 77077
Craig Sessions, MD	Professional Services Agreement - October 1, 2023	1018 N MOUND ST STE 206 NACOGDOCHES TX 75961
CSP Consulting	Grant Writing - September 2023	16 SAN JEWELL DRIVE, FARMINGTON,MO 63640
David Vinther, MD	Cecil Bomar Rehab Medical Director - August 1, 2022	409 RUSSELL BLVD STE D, NACOGDOCHES,TX 75965
Digicert Inc.	Agreement for IT services - March 15, 2023	PO BOX 840695, DALLAS,TX 75284-0695
Discovery Healthcare Consulting Group	Services Agreement October 19, 2021	1500 BROADWAY SUITE 100, LUBBOCK,TX 79401
Discovery Solutions, Inc.	ZixCorp Email Encryption - April 1, 2023	PO BOX 3036, FARMINGTON HILLS,MI 48333 US
Dolamu Sokunbi, MD	Nephrology On Call Agreement - September 1, 2021	522 RUSSELL BLVD, NACOGDOCHES,TX 75961
Ears & Hearing, P.A.	First Addendum to Hearing Screen Agreement - October 16, 2023	12319 N MOPAC EXP BLDG C 300, AUSTIN,TX 75758
Ears & Hearing, PA	Hearing Screen Agreement - October 1, 2019	12319 N MOPAC EXP BLDG C 300, AUSTIN,TX 75758
East Texas Community Health Services, Inc	Diagnostic Radiology Services	PO BOX 632040 NACOGDOCHES TX 75963-2040

**SCHEDULE G ATTACHMENT**  
**Executory Contracts and Unexpired Leases**

Counter-Party Name	Description of Contract or Lease	Address
East Texas Nephrology Associates	Nephrology Call Agreement - September 1, 2021	PO BOX 150408, LUFKIN,TX 75915-0408
East Texas Nephrology Associates	Nephrology Medical Director - November 14,2022	PO BOX 150408, LUFKIN,TX 75915-0408
eClinical Works	Software License and Support Upfront Agreement for Electronic Medical Records and Practice Management	PO BOX 847950, BOSTON,MA 02284-7950
EDF Energy Services, LLC	Electric Agreement	PO BOX 74007029, CHICAGO,IL 60674-7029
Elsevier Inc.	Master Agreement	PO BOX 9533, NEW YORK,NY 10087-9533
ERI Consulting	Asbestos Abatement - May 2023	PO BOX 2024 TYLER TX 75710
Ero Health	Business Associate Agreement - September 29, 2021	PO BOX 776953, CHICAGO,IL 60677
eSolutions, Inc.	Service Agreement - June 2, 2023	WS# 165PO BOX 414378, KANSAS CITY,KS 64141-4378
Esquisek, Inc.	Master Equipment and Software Rental Agreement - November 30, 2022	87A GRANGER BLVD MARLBOROUGH MA 01752
Express Employment	Staffing Agreement - May 25, 2023	210 C TIMBERLAND DR, LUFKIN,TX 75901
Ferraccio, Blaise MD	Neurology On Call Agreement - November 20, 2019	4848 NE STALLINGS DR., STE. 106, NACOGDOCHES, TX 75965
Finesse Microtome	Equipment Lease Agreement	1111 OLD EAGLE SCHOOL ROAD WAYNE PA 19087
Fisher Firm	General Immigration Engagement Letter - January 31, 2023	560 S 4TH STREET, SILSBEE,TX 77656 US
Forrest King	ACLS & PALS Training - October 21, 2021	1010 NORTHWOOD CIRCLE, NACOGDOCHES,TX 75965
ForTec Medical, Inc	Hearing Aides - March 7, 2023	6245 HUDSON CROSSING PARKWAY HUDSON OHIO 44236
Friendship Hearing, Inc.	Equipment Purchase Agreement - February 21, 2023	1520 E. DENMAN AVE, SUITE 103, LUFKIN,TX 75901 US
Galaxy	Agreement for Insurance Payor	631 106TH STREET ARLINGTON TX 76011
Galaxy Health Network	Insurance payor contract	631 106TH STREET ARLINGTON TX 76011
GE	Master Lease Agreement for Equipment Optima CT660 and Optima MR450w, Mobile Optima 220 X-Ray	PO BOX 641419, PITTSBURGH,PA 15264-1419
GE Capital	CT660 OPTIMA - Additional Contract Documents	PO BOX 641419, PITTSBURGH,PA 15264-1419
GE Government Finance, Inc.	Equipment Agreement	74 West Park Place, STAMFORD,CT 06901-0001
GE Healthcare	Cath Lab	PO BOX 641419, PITTSBURGH,PA 15264-1419
GE Healthcare Service	Cath Lab - August 8, 2022	PO BOX 641419, PITTSBURGH,PA 15264-1419
Gia Marotta, MD	Employment Agreement - January 15, 2023	PO BOX 631430, NACOGDOCHES,TX 75963 US
Gia Marotto, MD	ENT Call Agreement - February 1, 2023	PO BOX 631430, NACOGDOCHES,TX 75963 US
Green & Green, CPA Inc.	Management Letter - August 21, 2023	28382 CONSTELLATION RD., VALENCIA,CA 91355
Green and Spiegel	Representation Agreement - April 13, 2023	1524 DELANCEY ST., 4TH FLOOR, PHILADELPHIA,PA 19102 US
Gregory Tate MD	Maxillo Facial Call Agreement - July 1, 2020	508 RUSSELL BLVD, NACOGDOCHES,TX 75965
Gulf Coast Regional Blood Center	Master Agreement	PO BOX 301092, DALLAS,TX 75303-1092
Hashmet Wali & Associates	Agreement for renovations to the Pharmacy - March 1, 2023	8914 DAFFODIL STREET, HOUSTON,TX 77063 US
HCA Houston Healthcare Kingwood	Patient Transfer Agreement - December 20, 2021	22999 US HIGHWAY 59 KINGWOOD TX 77339
Head Start	Service Agreement- October 29, 2020	1902 OLD TYLER ROAD NACOGDOCHES TX 75961
Healthcare Transformation (HCT)	Interim Management Services - December 3, 2021	875 N MICHIGAN AVE STE 3100, CHICAGO,IL 60611
Healthcare Transformation Inc.	Termination - October 17, 2022	875 N MICHIGAN AVE STE 3100, CHICAGO,IL 60611
Healthsmart Preferred Care	Amendment - August 1, 2022	222 W LAS COLINAS BLVD SUITE 500N IRVING TX 75039
Heart Institute of East Texas	premises lease, 1004 N Mound St. - May 25, 2023	310 GASLIGHT BLVD LUDKIN TX 75904
Heart to Heart Hospice of the Lakes Area, LLC	Inpatient Hospice - May 9, 2023	7240 CHASE OAKS BLVD. PLANO TX 75025
Helping Hands	Client Contract Agreement - February 14, 2023	PO BOX 297, JASPER, TX 75951
Hill-Rom Company, Inc.	The Vest System Device Access Program Agreement - October 6, 2023	PO BOX 643592, PITTSBURGH,PA 15264-3592
Humana	Agreement for Insurance Payor	PO BOX 14601 LEXINGTON KY 40512-4601
Humana Tricare Prime	Agreement for Insurance Payor	PO BOX 69452 HARRISBURG PA 17106
IES Central Texas PLLC	Emergency Services Agreement - November 1, 2023	4835 LBJ FREEWAY SUITE 900 DALLAS TX 75244
IL Elite and IL Top500	Service Agreement	PO BOX 347934 PITTSBURGH PA 15251-4934
Imaging Physics, LLC	Memorandum of Understanding - July 1, 2020	227 SANDY SPRINGS PLACE STE D-300, SANDY SPRINGS,GA 30328
Inmar RX Colutions, Inc.	Compliance Solutions Services - March 20, 2023	ONE WEST FOURTH ST STE 500 WINSTON SALEM NC 27101
Integrity Recruiters, Inc.	Recruitment Agreement	5348 VEGAS DR #1073, LAS VEGAS,NV 891082347
Interface Security Systems, LLC	Commercial Security Services Agreement - August 13, 2014	8339 SOLUTIONS CENTER, CHICAGO,IL 60677-8003
Intuitive Surgical, Inc.	Service & Lease Agreement - September 28, 2022	DEPT. 336293440 Flair Drive, El Monte,CA 91731 US

**SCHEDULE G ATTACHMENT**  
**Executory Contracts and Unexpired Leases**

Counter-Party Name	Description of Contract or Lease	Address
Ironside Human Resources	Recruitment Agreement	6060 N CENTRAL EXPY STE 690 DALLAS TX 75206
James M Randle	Professional Service Agreement	203 E MAIN ST, NACOGDOCHES,TX 75965
Jason Suits, MD	General Surgery On Call Agreement - BHS - June 13, 2023	1002 N. MOUND STREET, NACOGDOCHES,TX 75961
Jericho HR Group, LLC	Services Agreement - June 21, 2023	402 EAST 78 ST SUITE 11 NEW YORK NY 10075
Jonathan Polk, MD	General Surgery Call Agreement - August 12, 2022	4800 NE STALLINGS DR STE 114, NACOGDOCHES,TX 75965
Jones, Carl, D.O.	Nacogdoches Gastroenterology, PLLC - July 1, 2021	522 RUSSELL BLVD, NACOGDOCHES,TX 75965
Keith Fishbeck, DO	Professional Services Agreement - November 1, 2023	3816 N UNIVERSITY DRIVE, NACOGDOCHES,TX 75965
Kelly S. Parman	Independent Contractor Consulting Agreement - November 17, 2022	5929 MARILYN DRIVE, KNOXVILLE,TN 37914 US
Kepro, Inc	Agreement for Pharmacy Services - August 26, 2019	5700 LOMBARD CENTER DRIVE SUITE 100 SEVEN GILLS OH 44131
Kim Schaus, MD	Coverage Agreement - July 14, 2021	1018 N Mound Street Suite 160, Nacogdoches,TX 75961
Kim Schaus, MD	OBGYN Call Agreement - October 1, 2021	1018 N Mound Street Suite 160, Nacogdoches,TX 75961
Krucial Rapid Response	Recruitment - December 2, 2022	10895 LOWELL AVENUE OVERLAND PARK KS 66210
Kyle McMorries, MD	On Call Agreement - August 1, 2023	4710 NE STALLINGS, NACOGDOCHES,TX 75965
Language Services Associates	Contract for language line/services	PO BOX 829752, PHILADELPHIA,PA 19182-9752
Language Services Line	Purchaser Specific Agreement - Sign Language Addition - November 1, 2021	PO BOX 829752, PHILADELPHIA,PA 19182-9752
Lase'R Ventures , Inc.	Service Agreement	PO BOX 95333, GRAPEVINE,TX 76099-9732
Legacy Hospice, LLC	Facility Inpatient Hospice Contract - May 30, 2017	1901 RICKETY LANE SUITE 103 TYLER TX 75703
Life Gift	Agreement re organ donations - January 3, 2023	2510 WESTRIDGE ST HOUSTON TX 77054
Life Safety Services	Agreement for Smoke & Fire door labeling - September 14, 2023	908 S 8TH STREET, SUITE 500, LOUISVILLE,KY 40203
Locum Tenens	Coverage Agreement with Staff Care, Inc	8840 CYPRESS WATERS BLVD SUITE 300 DALLAS TX 75019
Mangla, Vivek	Call Agreement	710 GASLIGHT BLVD STE A LUFKIN TX 75904
Margret Morgan	Consulting Services Agreement - June 1, 2021	4738 LA VILLA MARINA UNIT C, MARINA DEL RAY,CA 90292
Mark Robbins, MD	Timeshare Lease 1002 Mound Street	1040 S FLEISHEL AVE TYLER TX 75701
Mary Barnette, MD	Pediatric On Call - August 1, 2023	3614 N UNIVERSITY DR, NACOGDOCHES,TX 75965
MCG Health, LLC	Agreement for Quality Reporting	PO BOX 742350, ATLANTA,GA 30374-2350
MCN Healthcare	Policy Manager Agreement	501 S CHERRY ST #1100-106, DENVER,CO 80246
MD Save, Inc.	Facility Subscription Agreement - September 28, 2023	PO BOX 197596, NASHVILLE,TN 37219-7596
Med One	Equipment Lease Agreement - Alpinion X Cube 90 - September 30, 2022	LB 271128, PO BOX 35145, SEATTLE,WA 98124-5145
Med One	Equipment Lease Agreement TABLO - September 28, 2022	LB 271128, PO BOX 35145, SEATTLE,WA 98124-5145
Med One Capital Funding, LLC	Lease Agreement	LB 271128, PO BOX 35145, SEATTLE,WA 98124-5145
Medela LLC	Symphony Pump Placed Equipment Agreement	38789 EAGLE WAY, CHICAGO,IL 60678-1387
Medicaid	Agreement for Insurance Payor, Contract Nos. 437483702; 437483701	PO BOX 202948 AUSTIN TX 78720-2948
Medicare	Agreement for Insurance Payor, Contract Nos. 45-0508; 45-T508; 1X-5224	2020 TECHNOLOGY PARKWAY STE 100 MECHANICSBURG PA 17050
Medtronic Carelink Express	Service Agreement	PO BOX 848086, DALLAS,TX 75284-8086
MedVed, Inc.	Agreement - July 1, 2023	2136 W CHESTERFIELD BLVD STE D106 SPRINGFIELD MO 65807
Medygate	BioMedical Management Program - July 15, 2021	447 S ROBERTSON BLVD #204, BEVERLY HILL,CA 90211
Molina	Agreement for Insurance Payor	5605 N MACARTHUR BLVD SUITE 400 IRVING TX 75038
Mom365	Services Agreement	3613 MURELLER ROAD ST CHARLES MO 63301
MSDS online	Velocity EHS Chemical Management Customer Order Form - April 27, 2016	DBA VELOCITY EHS27185 NETWORK PLACE, CHICAGO,IL 60673 US
MultiPlan, Inc.	Insurance payor contract	222 W LAS COLINAS BLVD IRVING TX 75039
Munawwer Khurshid, MD	Professional Services Agreement - October 24, 2023	1018 N MOUND ST STE 201 NACOGDOCHES TX 75961
MYLA	Full Service Plan with Biomerieux	PO BOX 500308, ST LOUIS,MO 63150-0308
Nacogdoches Cardiac Center	Professional Services Agreement - January 1 2024	1023 N MOUND ST STE K NACOGDOCHES TX 75961
Nacogdoches County EMS	Transportation Services Agreement - October 21, 2022	1018 N MOUND ST STE 105 NAC TX 75961
Nacogdoches County Hospital District	Hospital Facility Lease Agreement	1204 NORTH MOUND STREET, NACOGDOCHES, TEXAS 75961
Nacogdoches County Hospital District	Sublease Agreement (1810 N. Mound Street)	1204 NORTH MOUND STREET, NACOGDOCHES, TEXAS 75961
Nacogdoches County Hospital District	First Amended and Restated Sublease Agreement (1810 N. Mound Street)	1204 NORTH MOUND STREET, NACOGDOCHES, TEXAS 75961
Nacogdoches County Hospital District	Sublease Agreement (1002 N. Mound Street)	1204 NORTH MOUND STREET, NACOGDOCHES, TEXAS 75961
Nacogdoches County Hospital District	Sublease Agreement (1106/1108 South Street)	1204 NORTH MOUND STREET, NACOGDOCHES, TEXAS 75961
Nacogdoches County Hospital District	Assignment of Lease and Consent to Assignment (801 North Street)	1204 NORTH MOUND STREET, NACOGDOCHES, TEXAS 75961

**SCHEDULE G ATTACHMENT**  
**Executory Contracts and Unexpired Leases**

Counter-Party Name	Description of Contract or Lease	Address
Nacogdoches Diagnostic Center	Utility Agreement - March 1, 2023	1023 N MOUND ST STE K, NACOGDOCHES,TX 75961
Nacogdoches Pulmonary & Sleep Associates	Professional Services Agreement - August 1, 2023	1209 N MOUND ST NACOGDOCHES TX 75961
Nacogdoches Transcription Solutions	Agreement - June 28, 2019	5284 W ST HWY 7, NACOGDOCHES,TX 75964
Nathan Drever, MD	Maternal Fetal Medicine Activation Agreement - December 6, 2022	707 HOLLYBROOK DR. SUITE 503, LONGVIEW,TX 75605 US
NATIONAL RESEARCH CORP	Membership Subscription Agreement HCAHPS & ED Solution	1245 Q STREET LINCOLN NE 68508
National Tax Resource Group	Service Agreement - October 5, 2021	14800 QUORUM DRIVE SUITE 510 DALLAS TX 75254
NCHD	LPPF Agreement - April 25, 2023 -	1018 N MOUND ST STE 105 NAC TX 75961
NCHD	Administrative Services Agreement - July 1, 2023	1018 N MOUND ST STE 105 NAC TX 75961
NCHD	Vehicle Lease Agreement - December 20, 2022	1018 N MOUND ST STE 105 NAC TX 75961
Netsmart Technologies, Inc. - UDSMR	Business Associates Agreement - July 22, 2023	11100 NALL AVENUE, OVERLAND PARK,KS 66211
Netsmart Technologies, Inc. - UDSMR	Facility Subscription Agreement - July 22, 2023	11100 NALL AVENUE, OVERLAND PARK,KS 66211
Network Box	Agreement - June 6, 2023	2825 WILCREST STE 259, HOUSTON,TX 77042 US
NMPG Multi Plan - March 15, 2023	Insurance payor contract	222 W LAS COLINAS BLVD IRVING TX 75039
North Texas Pathology Laboratories, LLC	Locums Pathology Agreement - November 25, 2020	PO BOX 1709, ROWLETT,TX 75030
Nova 401K	Agreement - December 1 2022	10777 NORTHWEST FREEWAY STE 440 HOUSTON TX 77095
NovaRad Corporation	License Support Agreement	PO BOX 859, PROVO,UT 84603
nThrive Revenue Systems, LLC	Master Agreement - July 25, 2018	PO BOX 733492, DALLAS,TX 75373-3492
NuTech, Inc.	Preferred Pricing Agreement	1301 CLINIC DRIVE, TYLER,TX 75701
Olin Fearing, MD	Pediatric On Call - August 1, 2023	3618 N. UNIVERISTY, NACOGDOCHES,TX 75965
Omnicell	Pricing Supplement Agreement - November 3, 2022	PO BOX 204650, DALLAS,TX 75320-4650
Omnilert	Services Agreement - July 31, 2023	PO BOX 178570, SAN DIEGO,CA 92177 US
Optum Advisory Services	Agreement for Quality Reporting - March 1 2020	PO BOX 84019, CHICAGO,IL 60689
Orkin	Commercial Services Agreement - August 22, 2022	DBA ORKIN OF THE PINES12649 SH 30, COLLEGE STATION,TX 77045
Ortho Clinic Diagnostics	Service Agreement - December 15, 2021	1001 US ROUTE 202, RARITAN,NJ 08869
Ortho-Clinical Diagnostics, Inc.	GPO Product Agreement - July 1, 2011	1001 US ROUTE 202, RARITAN,NJ 08869
Outset Medical, Inc.	Master Sales and Service Agreement - September 28, 2022	3052 ORCHARD DRIVE, SAN JOSE,CA 95134
Outset Medical, Inc.	Order Agreement - September 28, 2022	3052 ORCHARD DRIVE, SAN JOSE,CA 95134
Outset Medical, Inc.	Order Agreement/Service Contract - November 1, 2023	3052 ORCHARD DRIVE, SAN JOSE,CA 95134
Overturf	Orthopedic Call Coverage - July 1, 2023	3816 N UNIVERSITY DRIVE, NACOGDOCHES,TX 75965
Partners Healthcare Group, PHG	Medical Equipment Planning - June 2023	5301 VIRGINIA WAY SUITE 130 BRENTWOOD TN 37027
Patton Brothers	Commercial Lease (801 North Street)	412 BOSTWICK ST., NACOGDOCHES, TEXAS 75965
PAXTON BROTHERS	801 North Street Commercial Lease	412 BOSTWICK ST NACOGDOCHES TX 75965
Peter Ramzy, MD	General Surgery Call Agreement - September 1, 2023	1023 N MOUND ST STE H NACOGDOCHES TX 75961
Peter Ramzy, MD	Trauma Medical Directorship - August 1, 2023	1023 N MOUND ST STE H NACOGDOCHES TX 75961
Philips	Service Agreement for COREMB (Volcano)	2425 NETWORK PLACE CGICAGO IL 60673-1242
Philips Healthcare Allura Clarity	FD20 Service Agreement	22100 BOTHELL EVERETT HIGHWAY PO BOX 3003 BOTHELL WASHINGTON 98041-3003
Physician Select Management	SaaS Hosting Services Agreement	318 N CARSON ST. SUITE 214, CARSON CITY,NV 89701
PioneerRx, LLC	Agreement	PO BOX 53407, SHREVEPORT,LA 71135
Premier Healthcare Solutions, Inc.	Master Service Agreement	5882 COLLECTIONS CENTER, CHICAGO,IL 60693
Premier Software Associates	Contract for Revenue Cycle reporting - June 13, 2013	997 WEST 950 NORTH SUITE 200, CENTERVILLE,UT 84014
Premier Software Associates, Inc	License Agreement- April 4, 2022	997 WEST 950 NORTH SUITE 200, CENTERVILLE,UT 84014
Premier Software Associates, Inc.	THCIC Agreement - June 12, 2013	997 WEST 950 NORTH SUITE 200, CENTERVILLE,UT 84014
Prosperity Bank	Account Access Authorization Agreement - May 30, 2023	1205 N NAVARRO STREET, VICTORIA,TX 77901
Prosperity Bank	Electronic Transfer Agreement - January 4, 2023	1205 N NAVARRO STREET, VICTORIA,TX 77901
Prosperity Bank	Deposit Account Control Agreement	1205 N NAVARRO STREET, VICTORIA,TX 77901
Prosperity Bank	Deposit Account Control Agreement (Springing)	1205 N NAVARRO STREET, VICTORIA,TX 77901
Prosperity Bank	Deposit Account Instructions and Service Agreement (Govt. Healthcare Receivables)	1205 N NAVARRO STREET, VICTORIA,TX 77901
Pulsara	Purchase Terms - August 12, 2022	2880 TECHNOLOGY BLVD WEST SUITE 183, BOZEMAN,MT 59718
Quest	Amendment of Agreement - September 2, 2022	PO BOX 740709. ATLANTA,GA 30374

**SCHEDULE G ATTACHMENT**  
**Executory Contracts and Unexpired Leases**

Counter-Party Name	Description of Contract or Lease	Address
Quest Diagnostics	MRO Account Revision - December 5, 2022	PO BOX 740709, ATLANTA,GA 30374
Quest Healthcare Solutions	Lab Service Agreement	PO BOX 740709, ATLANTA,GA 30374
Rachel Head, MD	Urology Call Agreement - September 1, 2022	617 RUSSELL BLVD, NACOGDOCHES,TX 75965
Radiology Consultants of Nacogdoches, LLP	Radiology Medical Directorship - March 1, 2021	PO BOX 632728, NACOGDOCHES,TX 75963
Reagent	Purchase Agreement - Plus	3130 GATEWAY DRIVE NORCROSS GA 330091-5625
Relode, LLC	Recruitment Agreement	7000 EXECUTIVE CENTER DRIVE BUILDING 2 STE 190 BRENTWOOD TN 37027
Richard Baker, MD	Medical Director of Cardiac Rehab - December 5, 2019	1301 RAGUET ST, NACOGDOCHES,TX 75961
Roche Diagnostics Corporation	Encompass Agreement	PO BOX 660367, MAIL CODE 5021, DALLAS,TX 75266
Ryan Head, MD	Pediatric On Call - July 1, 2020	625 RUSSELL BLVD, NACOGDOCHES,TX 75965
Sandman Studios Entertainment	Social Media Agreement	3972 QUAIL RIDGE DRIVE, PROVO,UT 84604
Sentact	Agreement for Reporting - March 2, 2023	2500 W HIGGINS ROAD, SUITE 150, HOFFMAN ESTATES,IL 60169 US
Sentinel Technologies	Agreement for IT security services - March 31, 2023	2550 WARRENVILLE ROAD, DOWNTOWN GROVE,IL 60515
Shirley, Brett, M.D.	Maxillo Facial Surgery Call Agreement - September 1, 2020	4800 NE STALLINGS DR STE 113, NACOGDOCHES,TX 75965
Siemens	Professional Service Quotation - January 30, 2023	PO BOX 121102 DEPT 0733, DALLAS,TX 75312-1102
Siemens	Dimension Exl Lease Agreement	PO BOX 121102, DEPT 0733, DALLAS,TX 75312-1102
Smart Facility Software	Service Agreement - February 21, 2023	2517 LEBANON PIKE SUITE 302 NASHVILLE TN 37214
SOUTH GATE SHOPPING CENTER	Signed Estopped Re Lease @ 1006 South Street	136 S BROADWAY WHITE PLAINS NY 10605
Southern Neuro Specialty, LLC	Service Agreement	PO BOX 459, PRAIRIEVILLE,LA 70769
Southwest Litho 11, LLC	Service Agreement	9010 STRADA STELL CT SUITE 103, NAPLES,FL 34109
Southwest Medical	First Amendment to First Addendum to Hospitalist Coverage and Services Agreement - October 1, 2023	PO BOX 2168, ROCKPORT,TX 78381
Southwest Medical	Termination Agreement - March 15, 2023	PO BOX 2168, ROCKPORT,TX 78381
Southwest Medical Associates	Confidentiality and Non-Disclosure Agreement	PO BOX 2168, ROCKPORT,TX 78381
Southwest Medical Associates, Inc	Hospitalist Coverage and Services Agreement	PO BOX 2168, ROCKPORT,TX 78381
Staff Care, Inc.	Agreement for Locum Tenens Coverage - November 16, 2021	8840 CYPRESS WATERS BLVD SUITE 300 DALLAST TX 75019
Stallings Court Nursing and Rehabilitation	Transfer Agreement - September 29, 2021	4616 NE STALLINGS DR NACOGDOCHES TX 75965
Stericycle	Agreement for Sharp pickup	PO BOX 6575, CAROL STREAM,IL 60197-6575
Stryker Sales, LLC	Service Agreement - November 1, 2023	C/O STRYKER SALES CORPORATION21343 NETWORK PLACE, CHICAGO,IL 60673-1213
Sullins & Johnston Attorneys at Law, P.C.	Contract for Legal services - June 1, 2018	2200 PHOENIX TOWER 3200 SOUTHWEST FREEWAY HOUSTON TX 77027
Superior	Agreement for Insurance Payor	5900 E BEN WHITE BLVD AUSTIN TX 78741
Symmetry	Base Gas Sales Agreement - April 1, 2023	9811 KATY FREEWAY SUITE 140, HOUSTON,TX 77024
Symmetry	Natural Gas Sales - September 1, 2023	9811 KATY FREEWAY SUITE 140, HOUSTON,TX 77024
Symmetry	Natural Gas Sales Agreement - March 29, 2023	9811 KATY FREEWAY SUITE 140, HOUSTON,TX 77024
Teladoc Health, Inc.	Master Services and Technology Agreement - May 1, 2023	DEPT 3417, PO BOX 123417, DALLAS,TX 75312 US
Texas Children Health Plan	Agreement for Interance Payor	PO BOX 300709 HOUSTON TX 77230
Texas Childrens	Mutual Three-Party Confidentiality Agreement - October 26, 2022	6330 WEST LOOP SOUTH, SUITE 800 BELLAIRE TX 77401
Texas Children's Health Plan, Inc.	Amendment to Professional Services Agreement - September 20, 2022	6330 WEST LOOP SOUTH, SUITE 800 BELLAIRE TX 77401
Texas Home Health Hospice	General Inpatient Care Hospital Agreement - June 1, 2020	17855 N DALLAS PARKWAY SUITE 200 DALLAS TX 75287
Texas Hospital Association	Agreement for PSO Agreement - August 11, 2021	PO BOX 95353, GRAPEVINE,TX 76099-9733
Texas Workforce Commission	Agreement for employee benefits - November 11, 2022	TAX DEPARTMENT101 E 115TH STREET, AUSTIN,TX 78778-0091
Texas Workforce Commission	Contract No. 3020VRS026	
TH Healthcare Commission	Amendment No. 2 - January 1, 2023	TAX DEPARTMENT101 E 115TH STREET, AUSTIN,TX 78778-0091
TH Healthcare, LTD	Ancillary and Patient Services Agreement - February 28, 2022	FILE # 849788, DALLAS,TX 75284-9788
TH Healthcare, LTD	Borrowed Equipment and Supplies	FILE # 849788, DALLAS,TX 75284-9788
TH Healthcare, LTD	Transfer Agreement - February 17, 2022	FILE # 849788, DALLAS,TX 75284-9788
TH Healthcare, LTD.	Transfer Agreement - February 11,2020	FILE # 849788, DALLAS,TX 75284-9788
TH Healthcare, LTD.	Ancillary and Patient Service Agreement	FILE # 849788, DALLAS,TX 75284-9788
The Fredonia Hotel -	Agreement for Corporate Hotel Rate - January 1, 2023	200 N FREDONIA ST, NACOGDOCHES,TX 75961
United Healthcare	Payor Agreement	PO BOX 5270 KINGSTON NY 12402-5270
USA MCO	Payor Agreement	4609 BEE CAVES ROAD SUITE 200 AUSTIN TX 78746

**SCHEDULE G ATTACHMENT**  
**Executory Contracts and Unexpired Leases**

Counter-Party Name	Description of Contract or Lease	Address
WellMed	Payor Agreement	PO BOX 846032, DALLAS,TX 75284-6032
YPS Anesthesia	Memorandum of Understanding - April 26, 2023	200 GREENLEAVES BLVD SUITE 5, MANDEVILLE,LA 70448

**Fill in this information to identify the case:**

Debtor name Lion Star Nacogdoches Hospital, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number 23-43535-mxm11  
(if known)

Check if this is an  
amended filing

Official Form 206H

**Schedule H: Codebtors**

**12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Does the debtor have any codebtors?**

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
 Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor*

*Column 2: Creditor*

*Check all schedules  
that apply:*

Name

Mailing address

Name

**Fill in this information to identify the case:**

Debtor Name Lion Star Nacogdoches Hospital, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known): 23-43535-mxm11

Check if this is an amended filing

Official Form 206Sum

**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

1. **Schedule A/B: Assets--Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from Schedule A/B.....

\$0.00

1b. **Total personal property:**

Copy line 91A from Schedule A/B.....

\$21,417,553.33

1c. **Total of all property**

Copy line 92 from Schedule A/B.....

\$21,417,553.33

**Part 2: Summary of Liabilities**

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D.....

\$5,383,067.09

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of Schedule E/F.....

\$0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....

+ \$12,823,320.86

4. **Total liabilities**

Lines 2 + 3a + 3b.....

\$18,206,387.95

**Fill in this information to identify the case and this filing:**

Debtor Name Lion Star Nacogdoches Hospital, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number 23-43535-mxm11  
(if known)

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206-Summary)
- Amended Schedule \_\_\_\_\_
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 01/07/2024  
MM / DD / YYYY

X 

Signature of individual signing on behalf of debtor

Sean Fowler

Printed name

Chief Executive Officer

Position or relationship to debtor